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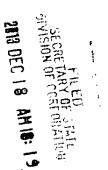
(Re	questor's Name)				
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PICK-UP	WAIT	MAIL			
(Bu	siness Entity Name				
(Document Number)					
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Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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December 17, 2013

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

By the authority vested in me as the Registered Agent, I am instructing you to please release the Corporate Name, Ginger Perkins, P. A.

If you have any questions, please do not hesitate to call me at 813 810 8325.

Your immediate attention to this matter will be greatly appreciated.

inger Perkins

Registered Agent

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	TE NAME – <u>MUST INCL</u>	
Enclosed are an original and one (1) acres of the am	cles of incorporation and	d a check for:
Enclosed are an original and one (1) copy of the arti		
\$70.00 \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED	
Ginger Perkins, P. Name 14722 San Marsal	(Printed or typed)	
	Address	
Tampa, FL 33626		
City, 813 319 6248	State & Zip	
	elephone number	
	•	_
ginger@gingerperkins E-mail address: (to be used		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ne name of the corporation shall be: Ginger Perkins, P.A.			SECRETARY OF S DIVISION OF CORPOR		
	INCIPAL OFFICE Principal street address larsala Court		Mailing address, if different is 8 AM		
mpa, FL 3	33626				
TICLE III PU. purpose for which	RPOSE the corporation is organized is:	ct the busine	ess of residential Real Esta		
	ADES				
TICLE IV SH number of shares o					
number of shares o	f stock is: 1000 TIAL OFFICERS AND/OR DIRECTOR		Gabriel Biondo, D		
number of shares of shares of the share of the share and Tite of the share and Tite of the share	f stock is:	Name and Title	Gabriel Biondo, D 214 Tanner Circle		
number of shares o	rtial officers and/or director le: Ginger Perkins, PTD		214 Tanner Circle		
number of shares of the shares of the share of the share and Tite Address	TIAL OFFICERS AND/OR DIRECTOR de: Ginger Perkins, PTD 14722 San Marsala CT Tampa, FL 33626	Name and Title Address:	214 Tanner Circle Georgetown, TX 7746		
number of shares of the result	Tital officers and/or director le: Ginger Perkins, PTD 14722 San Marsala CT	Name and Title Address: Name and Title	214 Tanner Circle		
number of shares of the shares of the share of the share and Tite Address	TIAL OFFICERS AND/OR DIRECTOR Ic: Ginger Perkins, PTD 14722 San Marsala CT Tampa, FL 33626 Tom Perkins, VPD	Name and Title Address:	214 Tanner Circle Georgetown, TX 7746 Salvatore Biondo, D		
number of shares of the result	TIAL OFFICERS AND/OR DIRECTOR Ic. Ginger Perkins, PTD 14722 San Marsala CT Tampa, FL 33626 Tom Perkins, VPD 14722 San Marsala CT Tampa, FL 33626	Name and Title Address: Name and Title Address:	214 Tanner Circle Georgetown, TX 77462 Salvatore Biondo, D 3535 Nasa Rd 1 #31 Seabrook, TX 77586		
number of shares of the result	TIAL OFFICERS AND/OR DIRECTOR Ic: Ginger Perkins, PTD 14722 San Marsala CT Tampa, FL 33626 Tom Perkins, VPD 14722 San Marsala CT	Name and Title Address: Name and Title Address:	214 Tanner Circle Georgetown, TX 77462 Salvatore Biondo, D 3535 Nasa Rd 1 #31		

Name and	ł Title:	Name and Title:	SECRETARY OF STATE
Address		Address:	2013 DEC 18 AM 10: 19
			
ARTICLE VI The name and Flo	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Ginger Perkins	of the registered agent is:	
Address:	14722 San Marsala CT	-	
radios.	Tampa, FL 33626	_	
ARTICLE VII	INCORPORATOR dress of the Incorporator is:		
Name:	Ginger Perkins		
Address:	14722 San Marsala CT	-	
	Tampa, FL 33626	~- ~-	
this certificate, I a	ned as registered agent to accept service of process me familiar with and accept the appointment as reg Required Signature/Registered Agent	gistered agent and agree to a	ct in this capacity 12-17-13 Date
document to the I.	iment and affirm that the facts stated herein are pepartment of State constitutes a third degree felor	true. I am aware that the fany as provided for in s.817.15	ilse information submitted in a 5, F.S. $12 - 17 - 13$
(Required Signature/Incorporator		Date