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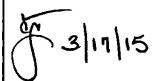
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COVER LETTER

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

SUBJECT:	(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	d a check for:	
□ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		(Printed or typed)		
	50 KINDRED ST.,		,	
	STUART, FL 3499	4 State & Zip	SECRETAL MAR	71
	772-286-9005	·		77

JILL ABRAMS, P.A.

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

Daytime Telephone number

JGUEST@GPCPA.COM

E-mail address: (to be used for future annual report notification)

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

The name of the corporat		P.A.	FILED
	NCIPAL OFFICE Principal <u>street</u> address	Mailing addre	ss, ir Uhre MARis! 3 AM 11: 13
2411 SW DAN	• • • • • • • • • • • • • • • • • • • •	Walling dadic	•
PALM CITY, F	FL 34990		SECRETARY OF STATE TALCAMASSIE, FEORIDA
ARTICLE III PURE The purpose for which the real estate age	POSE the corporation is organized is: to enga ent under the laws of the S	ge in business as State of Florida and	a d the
United States.			
ARTICLE IV SHA The number of shares of			
	TAL OFFICERS AND/OR DIRECTOR	5	
Name and Title	JILL ABRAMS / PRESIDENT	Name and Title:	
Address	2411 SW DANBURY LANE	Address:	
	PALM CITY, FL 34990		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	****

Name and	d Title:	Name and Title:	
Address	-	Address:	
			
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	JEFFREY PEAVY		
Address:	50 SE KINDRED ST., SUITE 30	 3	
Addiess.	STUART, FL 34994		
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	JILL ABRAMS	_	
Address:	2411 SW DANBURY LAN	=	
	PALM CITY, FL 34990		
Having been nan this certificate, I d	ned as registered agent to accept service of proce am familiar with and acc ept the appointment as r	ss for the above stated corpora egistered agent and agree to ac	tion at the place designated in t in this capacity
	//01/		3/0/15 Date
document to the	Required Signature/Registered Agent ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo Required Signature/Incorporator	ony as provided for in s.817.155	se information submitted in a
/			FILED 15 MAR 13 AM 11: 1 SECRETARY OF STATE FALLAGEASSEE, FLORID