

Jul. 2. 2004

*DISCOUNT*  
H150001632153

No. 185

P. 1

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : 120000000168  
Phone : (727)322-0909  
Fax Number : (727)322-0520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

*DAVIDCPA@TAMPABAY.FL.COM*

RECEIVED

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED

15 JUL -2 AM 5:12

FLORIDA PROFIT/NON PROFIT CORPORATION  
SHARON CREVELING, PA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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

**ARTICLE I NAME**

The name of the corporation shall be: SHARON CREVELING, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

125 28TH ST N

ST PETERSBURG, FL 33713

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO OPERATE ANY LEGAL BUSINESS IN THE STATE OF  
FLORIDA INCLUDING OPERATING AS A LICENSED ATTORNEY.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SHARON CREVELING, PST

Address 125 28TH ST N

ST PETERSBURG, FL 33713

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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No. 1850 P. 3

H150001632153

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID C HASTINGS CPA  
Address: 2207 54TH ST S  
GULFPORT, FL 33707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID C HASTINGS  
Address: 2207 54TH ST S  
GULFPORT, FL 33707

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/02/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

07/02/2015  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

07/02/2015  
\_\_\_\_\_  
Date

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