

**PROCEEDINGS**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BOND, SCHOENECK & KING, PLLC  
Account Number : I20010000122  
Phone : (239) 659-3800  
Fax Number : (239) 659-3812

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

Email Address: Shirlene.elkins@sothebysrealty.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Shirlene Michelle Elkins, P.A.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

15 SEP 30 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 SEP 30 PM 3:03

FILED

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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: Shirlene Michelle Elkins, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

144 Cheshire WaySameNaples, FL 34110**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real Estate sales**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Shirlene Michelle Elkins, President

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

Address 144 Cheshire Way

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

Naples, FL 34110Name and Title: Shirlene Michelle Elkins, Treasurer

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

Address 144 Cheshire Way

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

Naples, FL 34110Name and Title: Shirlene Michelle Elkins, Secretary

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

Address 144 Cheshire Way

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

Naples, FL 34110

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TALLAHASSEE, FLORIDA

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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: James Morey, Bond, Schoeneck and King, PLLC  
Address: 4001 Tamiami Trail North, Suite 250  
Naples, FL 34103

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Pamela Lundborg  
Address: 4001 Tamiami Trail North, Suite 250  
Naples, FL 34103

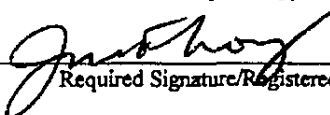
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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

9-30-15  
\_\_\_\_\_  
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

9-30-15  
\_\_\_\_\_  
Date

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