

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

SUBJECT: SHARON L. HINDS, P.A. (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$78.75.

FROM:

MELROSE ACCOUNTING & TAX SERVICE, INC.
Name

P.O. BOX 1459

Address

MELROSE, FL. 32666

City, State, & Zip

(904) 475-2100
Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

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ARTICLES OF INCORPORATION

<u>OF</u>

SHARON L. HINDS, P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Professional Service Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SHARON L. HINDS, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

RT 5 BOX 7655 STARKE, FL. 32091

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,00

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

1

SHARON L. HINDS N.W. 44th AVE. STARKE, FL. 32091

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SHARON L. HINDS RT 5 BOX 7655 STAFKE, FL. 32091

ARTICLE VI PURPOSE

THIS CORPORATION IS FORMED FOR THE PURPOSE OF REAL ESTATE SALES , AND ANYTHING ELSE AS PERTAINS TO A DULY LICENSED REAL ESTATE AGENT.

| THE UNUE SIGNED Das | (nave. e | xecuted those | Articles of Incorporation this | |
|---------------------|----------|--|--------------------------------|---------------|
| 27th. | day of | MARCH | 195 | |
| | | Sh | exerciting page | IDENT |
| | | | Signature/Title | TDEMI |
| | | <u>, </u> | Signature/Title | - |
| | | | Signature/Title | |

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: SHARON L. HINDS, P.A.

| 2. | The name and address of the registered agent and office is: |
|--------------------------|--|
| | SHARON L. HINDS |
| | (NAME) |
| | N.W. 44th AVE. |
| | (P.O. BOX NOT ACCEPTABLE) |
| | STARKE, FL. 32091 |
| | (CITY/STATE/ZIP) |
| | SIGNATURE (corporate officer) TITLE PRESIDENT |
| | DATE MARCH 27, 1995 |
| THE AND PRO FOR | ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE EXISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. |
| | DATE MARCH 27, 1995 |

REGISTERED AGENT FILING FEE: \$35.00