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TRANSMITTAL LETTER

RECEIVED

MAY - 1 PM 1:27

STATE OF FLORIDA

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

700001469847  
-05/01/95--01080--001  
\*\*\*122.50 \*\*\*122.50

SUBJECT: SHARECORP INVESTMENTS, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

Sylvia S. Jackson  
Name (printed or typed)

Rt. 2, Box 394  
Address

LAKE CITY, FL 32024  
City, State & Zip

904/755-2803  
Daytime Telephone number

will wait

FILED

55 MAY - 1 PM 1:31

FILED

NANCY HENDRICKS MAY - 1 1995

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

ARTICLES OF INCORPORATION

FILED  
95 MAY -1 PM 1:31  
SECRET  
TALLAHASSEE

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

ARTICLE I NAME

The name of the corporation shall be:

*SHARECROPER Investments, Inc.*

ARTICLE II PRINCIPAL OFFICE

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

*Rt 2. Box 394  
LAKE CITY, FL 32024*

ARTICLE III SHARES

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

*200*

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*SYLVIA S. JACKSON  
Rt 2. Box 394  
LAKE CITY, FL 32024*

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Sylvia S. Jackson  
Rt 2. Box 394  
Lake City, FL

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1st day of MAY, 19 95

Sylvia S. Jackson  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE 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: SHARE CRIPOR. INVESTMENTS, INC

2. The name and address of the registered agent and office is:

SYLVEA S. JACKSON  
(NAME)

RT 2. Box 394  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

LEKE CITY FL 32024  
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sylvea S. Jackson  
(SIGNATURE)

5/1/95  
(DATE)