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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 922-4001

From:

Account Name : INTEGRATED MANAGEMENT GROUP, INC.  
Account Number : I19990000058  
Phone : (954) 753-6042  
Fax Number : (954) 753-1123

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**SHARYON LAWSON NEILEN, P.A.**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION  
OF

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

ARTICLE ONE

NAME

The name of the corporation shall be:  
SHARYON LAWSON NEILEN, P.A.  
3901 SANCTUARY DR.  
CORAL SPRINGS, FL 33065

ARTICLE TWO

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:  
3901 SANCTUARY DR.  
CORAL SPRINGS, FL 33065

ARTICLE 2A

The specific purpose of the business will be to provide real estate services.

INTERGRATED MANAGEMENT GROUP, INC.  
10139 NW 31<sup>ST</sup> STREET SUITE 101  
CORAL SPRINGS, FL 33065  
(954) 753-2222 H990000181844

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ARTICLE THREE

CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

SHARYON LAWSON NEILEN  
3901 SANCTUARY DR.  
CORAL SPRINGS, FL 33065

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:

SHARYON LAWSON NEILEN  
3901 SANCTUARY DR.  
CORAL SPRINGS, FL 33065

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The undersigned has executed these Articles of Incorporation  
This 23<sup>th</sup> day of July.

Signature:

*Sharyon L. Neilen*

Date:

7.27.99

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

1. The name of the corporation is:

SHARYON LAWSON NEILEN, P.A.

2. The name and address of the registered agent

SHARYON LAWSON NEILEN

3901 SANCTUARY DR.

CORAL SPRINGS, FL 33065

Signature:

*Sharyon L. Neilen*

Date:

7.27.99

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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.

Signature: Sharyn L. NeelinDate: 7.27.99

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