

P99000073584
TRANSMITTAL LETTER

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

500002957705-8
-08/12/99-01022-001
*****70.00 *****70.00

SUBJECT: S.O. BOHANNON P.A.
(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: Sharyn O. BOHANNON
Name (Printed or typed)

552 BAY VILLAS Ln
Address

Naples FL 34108
City, State & Zip

(941) 592-5351
Daytime Telephone number

FILED
99 AUG 12 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL 32314

Sharyn O. Bohannon
GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art VI
DATE 8-18-99
DOC. EXAM WS

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

ARTICLES OF INCORPORATION

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:

S. O. BOHANNON P.A.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

552 BAY VILLAS Ln
Naples FL 34108

ARTICLE III SHARES

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

1000 no par

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sharyn O. Bohannon
552 BAY VILLAS Ln
Naples FL 34108

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):

Sharyn O. Bohannon
552 BAY VILLES LN
Naples FL 34108

Article VI

The Specific Purpose of the P.A.
is the Sale of Real Estate.

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

9 day of August, 19 99.

(An additional article must be added if an effective date is requested.)

Sharyn O. Bohannon
Signature

Signature

Signature

Notarization is not required

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 S. O. BOHANNON P.A.

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

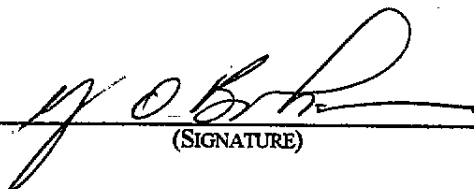
Sharyn O. Bohannon
(NAME)

552 BAY VILLAS Ln
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Naples FL 34108
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.


(SIGNATURE)

Aug 9 '99
(DATE)