

P16000012503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

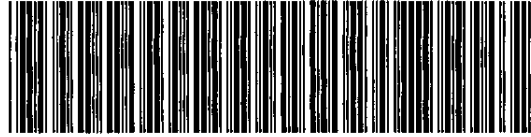
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P

Office Use Only



100280114421

01/04/16--01048--003 **78.75

FILED
16 JAN 27 PM 4:50
SOUTH BAY OF STATE
TALLAHASSEE, FLORIDA

WMB 2013

*02-08-16
9*

COVER LETTER

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

SUBJECT: Sherman Engineering & Consulting, P.C.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Matthew Sherman
Name (Printed or typed)

70 Magnolia Dunes Circle
Address

St. Augustine, FL 32080
City, State & Zip

631-831-3872
Daytime Telephone number

matt@shermanec.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2016

MATTHEW SHERMAN
70 MAGNOLIA DUNE S CIRCLE
STY AUGUSTINE, FL 32080

SUBJECT: SHERMAN ENGINEERING & CONSULTING, P.C.
Ref. Number: W16000002063

We have received your document for SHERMAN ENGINEERING & CONSULTING, P.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 916A00000868

RECEIVED
16 JAN 27 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Sherman Engineering & Consulting, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

70 Magnolia Dunes Circle

St. Augustine, FL 32080

Mailing address, if different is:

PO Box 4472

St. Augustine, FL 32085

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To practice the profession of professional engineering and to render engineering and consulting services in the State of Florida and elsewhere as allowed by law.

ARTICLE IV SHARES

The number of shares of stock is: 100

FILED
16 JAN 27 PM 1:50
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Sherman Principal Name and Title: _____

Address 70 Magnolia Dunes Circle Address: _____
St. Augustine, FL 32080

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Matthew Sherman
 Address: 70 Magnolia Dunes Circle
St. Augustine, FL 32080

FILED
 16 JAN 27 PM 1:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Matthew Sherman
 Address: 70 Magnolia Dunes Circle
St. Augustine, FL 32080


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.)

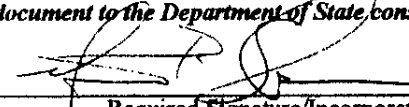
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12-30-15
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 12-30-15
Date