

F11000004240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

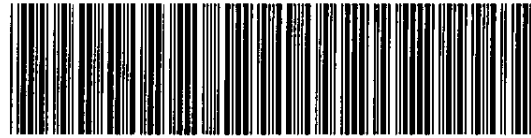
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Shawn Anderson GAVE
AUTHORIZATION BY PHONE TO
CORRECT *#5 duration*
DATE *10/24/11*
DOC. EXAM *10/25*

Office Use Only

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W11000004110



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gn 10/20/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Shawn's Tools, Incorporated
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nicole Anderson
Name of Person
Shawn's Tools, Inc.
Firm/Company
161 Sunward Avenue
Address
Palm Harbor, FL 34684
City/State and Zip code
marketing4ever@yahoo.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Anderson at (727) 989-7191
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2011

NICOLE ANDERSON
161 SUNWARD AVENUE
PALM HARBOR, FL 34684

SUBJECT: SHAWN'S TOOLS, INC.
Ref. Number: W11000054110

We have received your document for SHAWN'S TOOLS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 711A00024153

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Shawn's Tools, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 20-5189195
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 11, 2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. November 1, 2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3812 Haven Avenue, Racine, WI 53405
(Principal office address)

161 Sunward Avenue, Palm Harbor, FL 34684
(Current mailing address)

8. mobile automotive tool sales
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Nicole Anderson

Office Address: 161 Sunward Avenue

Palm Harbor, Florida 34684
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nicole Anderson
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

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Chairman: Shawn Anderson

Address: 1161 Sunward Avenue
Palm Harbor, FL 34684

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Vice Chairman: Nicole Anderson

Address: 1161 Sunward Avenue
Palm Harbor FL 34684

Director: Shawn Anderson

Address: 1161 Sunward Avenue
Palm Harbor FL 34684

Director: Nicole Anderson

Address: 1161 Sunward Ave
Palm Harbor FL 34684

B. OFFICERS

President: Shawn Anderson

Address: 1161 Sunward Avenue
Palm Harbor FL 34684

Vice President: Nicole Anderson

Address: 1161 Sunward Ave
Palm Harbor FL 34684

Secretary: Elizabeth Anderson

Address: 3812 Haven Avenue, Racine, WI 53405

Treasurer: Nicole Anderson

Address: 1161 Sunward Avenue, Palm Harbor, FL 34684

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Nicole Anderson

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Nicole Anderson, Vice President

(Typed or printed name and capacity of person signing application)

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Secretary, Department of Financial Institutions, do hereby certify that

SHAWN'S TOOLS INCORPORATED

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 11, 2006.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 9, 2011.

A handwritten signature in black ink, appearing to be 'Ray Allen'.

RAY ALLEN, Deputy Secretary
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: **96513-50F4BB84**

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