

F17000000288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

(Missing 2nd Page of Doc)  
Incomplete Doc & cus  
W17-2424

Office Use Only



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01/09/17--01023--001 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JAN 19 PM 4:39

FILED

K. SALY

JAN 20 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2017

EDWARD OPPERMAN  
SHEDJAMA, INC.  
1901 KOSSUTH ST.  
LAFAYETTE, IN 47905

SUBJECT: SHEDJAMA, INC.  
Ref. Number: W17000002424

RECEIVED  
2017 JAN 19 PM 3:18  
TALLAHASSEE, FLORIDA

We have received your document for SHEDJAMA, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 417A00000650

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
SHEDJAMA, INC.

**SUBJECT:** \_\_\_\_\_  
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:  
EDWARD OPPERMAN

SHEDJAMA, INC.	Name of Person
1901 KOSSUTH STREET	Firm/Company
LAFAYETTE, IN 47905	Address
e@edwardoppermancpa.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

EDWARD OPPERMAN	765	588-4335
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|---|

**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.*

SHEDJAMA, INC

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
INDIANA 20-3955086

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
12-02-2005

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1901 KOSSUTH STREET, LAFAYETTE, IN 47905  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

CORPORATION SERVICE COMPANY

Name: \_\_\_\_\_

1201 HAYS STREET

Office Address: \_\_\_\_\_

TALLAHASSEE, FL

32301

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

**9. 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.*



(Registered agent's signature)

Doreen S. Haeselin, Asst. V.P.

10. 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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2017 JAN 19 PM 4:39  
CLERK OF STATE  
TALLAHASSEE, FL 09101

## 11. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman:

EDWARD OPPERMAN

Address:

532 S. 9th Street  
Lafayette LA 70501

Vice Chairman:

NA

Address:

Director:

NA

Address:

Director:

Address:

## B. OFFICERS

President:

EDWARD OPPERMAN

Address:

532 S. 9th Street  
Lafayette LA 70501

Vice President:

NA

Address:

Secretary:

NA

Address:

Treasurer:

Address:

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

12.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13.

EDWARD OPPERMAN

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

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2017 JAN 19 PM 4:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

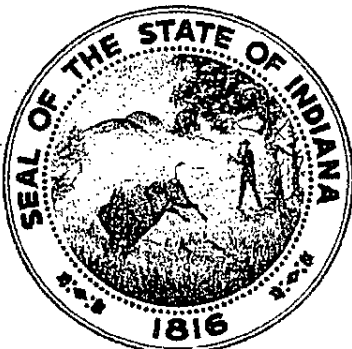
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**SHEDJAMA, INC.**

... duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 02, 2005, and was in existence or authorized to transact business in the State of Indiana on January 19, 2017.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 19, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

2005121300409 / 2017199306

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

2017 JAN 19 PM 4:39  
STATE OF INDIANA  
SECRETARY OF STATE  
ALLANASSEE, FLORIDA