

N07000003442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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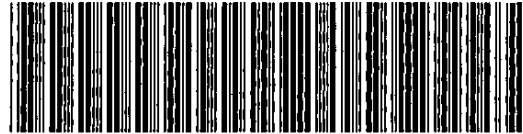
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
**Sep 07, 2006 08:00 AM**  
**Secretary of State**

J. Shivers SEP 07 2006

## COVER LETTER

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

SUBJECT: Shining In Florida Inc.  
(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 of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Shawn Virag  
Name (Printed or typed)

10224 Spring Moss Ave.  
Address

Clermont, FL, 34711  
City, State & Zip

321-202-6156 or 352-227-4946  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*Shining In Florida Inc.*

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**ARTICLE II PRINCIPAL OFFICE**

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

*10224 Spring Moss Ave, Clermont, FL, 34711*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To provide terminally + mentally ill people a chance to have their wishes fulfilled. We will also use our future development to house an animal shelter. We will also give out clothing, food, supplies, spiritual support, and what ever else we can give.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*At our annual meeting they will be elected by the president*

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

*Shawn Virag - 10224 Spring Moss Ave, Clermont, FL 34711 (President)*  
*Chantelle Virag - " " " " (Vice-President)*  
*Joe Beaudoin - 8220 Shady Brook Dr. West Chester, OH (Director)*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


*Shawn Virag 10224 Spring Moss Ave, Clermont, FL, 34711*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Shawn Virag 10224 Spring Moss Ave, Clermont, FL, 34711*

\*\*\*\*\*  
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.

  
\_\_\_\_\_  
Signature/Registered Agent

*Sep 1/06*  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

*Sep 1/06*  
\_\_\_\_\_  
Date