

PO30000 47938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

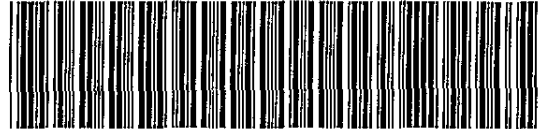
(Business Entity Name)

(Document Number)

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

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SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

03 APR 25 AM 10:58

FILED

7:51 AM: APR 30 2003

## TRANSMITTAL LETTER

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

**SUBJECT:** The Sheaffer Group, Inc.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**FROM:** Thomas Daniel Sheaffer  
Name (Printed or typed)

12782 Avalon Cove Drive South  
Address

Jacksonville, FL 32224-5605  
City, State & Zip

(904) 992-6712  
Daytime Telephone number

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

## 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:

The Sheaffer Group, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

12782 Avalon Cove Drive South, Jacksonville, FL 32224

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

### **ARTICLE IV SHARES**

The number of shares of stock is:

100,000

### **ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Thomas D. Sheaffer

Chief Executive Officer

12782 Avalon Cove Drive South, Jacksonville, FL 32224

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Thomas D. Sheaffer

12782 Avalon Cove Drive South, Jacksonville, FL 32224

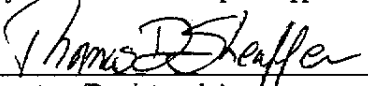
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Thomas D. Sheaffer

12782 Avalon Cove Drive South, Jacksonville, FL 32224

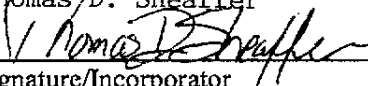
\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

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

Thomas D. Sheaffer

April 24, 2003

\_\_\_\_\_  
Date

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

Thomas D. Sheaffer

April 24, 2003

\_\_\_\_\_  
Date

03 APR 25 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED