

Pb3000 140 403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

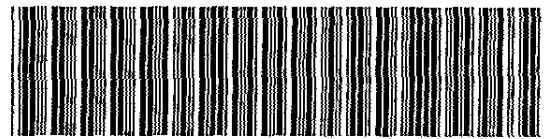
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER

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

SUBJECT: SHAWN T CAULFIELD, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: SHAWN T. CAULFIELD
Name (Printed or typed)

1485 DREW STREET, APT. 2
Address

CLEARWATER, FL 33755
City, State & Zip

727-647-6076
Daytime Telephone number

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

ARTICLES OF INCORPORATION

ARTICLE I: THE NAME OF THE CORPORATION SHALL BE SHAWN
T. CAULFIELD, INC.

ARTICLE II: THE PRINCIPAL PLACE OF BUSINESS/MAILING
ADDRESS IS 1485 DREW STREET, APT 2, CLEARWATER, FL
33755.

ARTICLE III: THE PURPOSE FOR WHICH THE CORPORATION IS
ORGANIZED IS AS A PAINTING CONTRACTOR.


ARTICLE IV: THE NUMBER OF SHARES OF STOCK IS 1000
AUTHORIZED, 100 INITIALLY OUTSTANDING.

ARTICLE V: THE NAME, ADDRESS AND TITLE OF THE
INITIAL OFFICER AND DIRECTOR IS SHAWN T CAULFIELD,
1485 DREW STREET, APT 2, CLEARWATER, FL 33755.

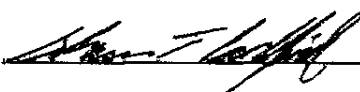
ARTICLE VI: THE NAME AND FLORIDA STREET ADDRESS OF
THE REGISTERED AGENT IS SHAWN T CAULFIELD, 1485
DREW STREET, APT 2, CLEARWATER, FL 33755.

ARTICLE VII: THE NAME AND ADDRESS OF THE INCORPOR-
ATOR IS SHAWN T CAULFIELD, 1485 DREW STREET,
APT 2, CLEARWATER, FL 33755.

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.


registered agent

11-14-03
date


incorporator

11-14-03

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