

784888084560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

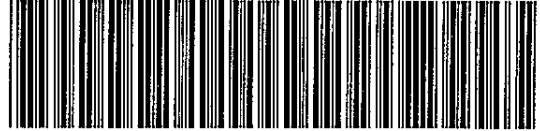
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100036920421

05/27/04--01022--007 \*\*78.75

FILED

2004 MAY 27 P 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-27

## TRANSMITTAL LETTER

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

SUBJECT: Shadow Tans Incorporated  
(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  
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: Kevin Galagher  
Name (Printed or typed)

151 N. Orlando Ave #214  
Address

Orlando, FL 32789  
City, State & Zip

407-468-4228  
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:

Shadow TANS Incorporated

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

151 N. Orlando Ave #214  
Orlando, FL 32789

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Airbrush Tanning & manufacturing

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

(Pres) Kevin Gallaher 151 N. Orlando Ave #214  
Orlando, FL 32789

(VP) Debbie Lima 512 Sage Creek Court  
Winterspring, FL 32708

## ARTICLE VI REGISTERED AGENT

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

Kevin Gallaher 151 N. Orlando Ave #214  
Orlando, FL 32789

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Debbie Lima 512 Sage Creek Ct.  
Winterspring, FL 32708

\*\*\*\*\*

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

x K. Gallaher  
Signature/Registered Agent

5/20/04  
Date

Debbie Lima  
Signature/Incorporator

5/20/04  
Date

FILED  
2004 MAY 21 P 3 45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA