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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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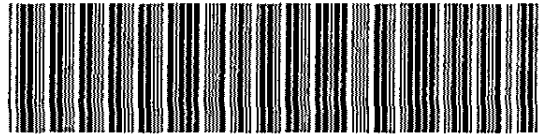
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12-16

TRANSMITTAL LETTER

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

SUBJECT: Kelly Shumaker 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 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: Kelly Shumaker
Name (Printed or typed)

16903 Partridge Lane
Address

Orlando, Florida, 32807
City, State & Zip

407-310-6318
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Kelly Shumaker Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6903 Partridge Lane Orlando, Florida 32807

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

all lawful business in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kelly Shumaker, President
Linda Lahman, Vice President

ARTICLE VI REGISTERED AGENT

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

Kelly Shumaker
6903 Partridge Lane
Orlando Fl. 32807

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kelly Shumaker
6903 Partridge Lane
Orlando Fl. 32807

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

Kelly Shumaker

Signature/Registered Agent

12/13/04

Date

Kelly Shumaker

Signature/Incorporator

12/13/04

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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