

10/19

TRANSMITTAL LETTER

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

SUBJECT: SHAMEIA DAVISON CORPORATION
(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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Shameia T. Davison
Name (Printed or typed)

219 Pine Winds Dr.
Address

Sanford, FL 32773
City, State & Zip

(407) 688-8856
Daytime Telephone number

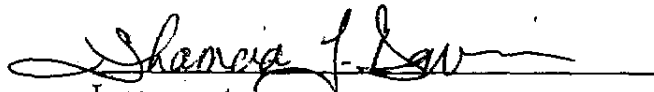
ARTICLES OF INCORPORATION

1. The name of the corporation shall be: SHAMEIA DAVISON CORPORATION
2. The principal place of business and mailing address of the corporation is 219 Pine Winds Dr., Sanford, FL 32773
3. The corporation shall have the authority to issue 10,000 shares of stock.
4. The registered agent of the corporation is Shameia T. Davison and the registered street address is 219 Pine Winds Dr., Sanford Florida 32773
5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Shameia T. Davison
219 Pine Winds Dr.
Sanford, FL 32773

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Shameia T. Davison whose street address is 219 Pine Winds Dr., Sanford, FL 32773

Dated October 10, 2005


Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated October 10, 2005


Registered Agent