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SECRETARY OF STATE
ALL ALLASSEE FI 1981

COVER LETTER

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

SUBJECT: SD S	SHELTON ENTERPRISE	ES, INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
S70.00 Filing Fee	₹ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Shelia D. Shelton	(Printed or typed)	
	11065 NW CR 274	Address	
	Altha, FL 32421	State & Zip	
	(850) 643-2275 ext. 238	elephone 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:

SD SHELTON ENTERPRISES, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11065 NW CR 274 Altha, FL 32421

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To establish a home-based online business.

ARTICLE IV SHARES

The number of shares of stock is:

250 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Shelia D. Shelton 11065 NW CR 274 Altha, FL 32421

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shelia D. Shelton 11065 NW CR 274 Altha. FL 32421

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

Date

Signature/Incorporator

Date