

P07000071198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

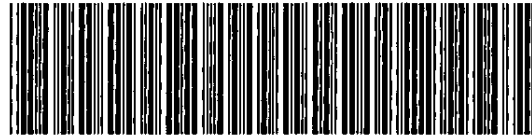
(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JUN 18 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Shaw Insurance Group, 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: Lisa M Shaw

Name (Printed or typed)

PO Box 94

Address

Ponte Vedra Beach, Fl. 32004

City, State & Zip

904-334-1304

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:

Shaw Insurance Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 94
Ponte Vedra Beach, Fl. 32004

13834 Windjammer Lane
Jacksonville, FL 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lisa M Shaw, President
PO Box 94
Ponte Vedra Beach, Fl. 32004

ARTICLE VI REGISTERED AGENT

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

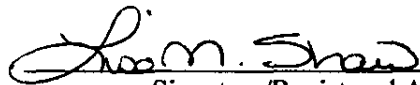
Lisa M Shaw
13834 Windjammer Lane
Jacksonville, Fl. 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa M Shaw
PO Box 94
Ponte Vedra Beach, Fl. 32004

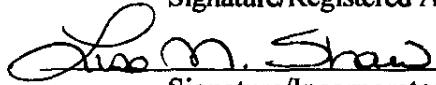
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6-12-07

Date



Signature/Incorporator

6-12-07

Date

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TALLAHASSEE, FLORIDA