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(City/State/Zip/Phone #)

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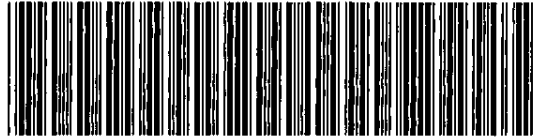
(Business Entity Name)

(Document Number)

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08 JAN 11 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/14

## COVER LETTER

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

**SUBJECT:** SHANK Manufacturing, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** James D. Shank

Name (Printed or typed)

1012 Barrs St.

Address

Jacksonville, FL 32204

City, State & Zip

213-507-1067

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:

**SHANK Manufacturing, Inc.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1012 Barrs St.  
Jacksonville, FL 32204

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation. The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of Florida other than the banking business, the trust company business, or the practice of a profession permitted to be incorporated by the Florida Corporations Code.

## **ARTICLE IV SHARES**

The number of shares of stock is:

The aggregate number of shares of stock which the Corporation shall have the authority to issue is 1,000 shares of common stock, no par value.

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

James D. Shank  
1012 Barrs St., Jacksonville, FL 32204  
Director

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TALLAHASSEE, FLORIDA**

**ARTICLE VI REGISTERED AGENT**

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

James D. Shank  
1012 Barrs. St., Jacksonville, FL 32204

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

James D. Shank  
1012 Barrs St., Jacksonville, FL 32204

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*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

1/08/08

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1/08/08

\_\_\_\_\_  
Date