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09 JUN 25 AM 10:06
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FALLAHASSEE, FLORIDA

B. McKnight JUN 26 2009

COVER LETTER

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

SUBJECT: Shawn Bonsall 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Shawn Michael Bonsall
Name (Printed or typed)

3029 NE Appaloosa St
Address

Arcadia, FL 34266
City, State & Zip

863-558-2608
Daytime Telephone number

shawn@shawnbonsall.com
E-mail address: (to be used for future annual report notification)

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: Shawn Bonsall Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
3029 NE Appaloosa St, Arcadia, FL 34266
PO BOX 1839, Arcadia, FL 34265

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide Consulting and Management Services.

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Shawn M Bonsall - PO BOX 1839, Arcadia, FL 34265

ARTICLE VI REGISTERED AGENT


The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Shawn M Bonsall - 3029 NE Appaloosa St, Arcadia, FL 34266

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:
Shawn M Bonsall - PO BOX 1839, Arcadia, FL 34265

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

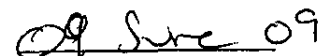
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity




Signature/Registered Agent



Signature/Incorporator



Date



Date