## P09000059066

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W09-31433				

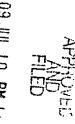
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SECRETARY OF STATE



14

## **COVER LETTER**

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

SUBJECT:	AIRS, INCORPORATED		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
☐ \$70.00 Filing Fee	<ul><li></li></ul>	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	HARRY SHMUNES		
	Nam	e (Printed or typed)	
	12363 BRADY	PLACE BOULEVARD	)
	Address		
		C. P. C. Park	
	JACKSONVILLE, FL 32223 City, State & Zip		
	City	, state & Lip	
	904-553-6036		
	Daytime '	Telephone number	
	SHMUNES36@AOL.COM		
·	E-mail address: (to be used for future annual report notification)		

NOTE: Please provide the original and one copy of the articles.



July 8, 2009

HARRY SHMUNES 12363 BRADY PLACE BOULEVARD JACKSONVILLE, FL 32223

SUBJECT: AIRS, INCORPORATED Ref. Number: W09000031433

We have received your document for AIRS, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 809A00023404

Valerie Herring Regulatory Specialist II New Filing Section

Division of Corporations DO ROY 6227 Tallahassaa Florida 22214

APPHUVES AND FILED

09 JUL 10 PM 4: 46

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SHMUNES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 12363 BRADY PLACE BOULEVARD

JACKSONVILLE, FL 32223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE BOOK SALES

<u>ARTICLE IV SHARES</u>

The number of shares of stock is:

1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): HARRY SHMUNES, PRESIDENT
12363 BRADY PLACE BOULEVARD

JACKSONVILLE, FL 32223

ARTICLE VI REGISTERED AGENT

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

HARRY SHMUNES

12363 BRADY PLACE BOULEVARD

JACKSONVILLE, FL 32223

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: HARRY SHMUNES

12363 BRADY PLACE BOULEVARD

JACKSONVILLE, FL 32223

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