

P10000081345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



300186118863

10/06/10--01018--007 **72.75

RECEIVED

10 OCT -6 AM 11:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 OCT -6 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/6

COVER LETTER

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

SUBJECT: ELSHADA ENTERPRISES 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: EMANUEL LOGGINS
Name (Printed or typed)

9845 KENAI DR.
Address

TALLAHASSEE, FLORIDA 32311
City, State & Zip

(850) 510-7555
Daytime Telephone number

loggins-emanuel@yahoo.com
E-mail address: (to be used for future annual report notification)

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

10-6-10

I will not revoke the Dissolution
of Doc # L03000055386.

Emmanuel Legay

FILED
10 OCT -6 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ELSHADA ENTERPRISES I.N.C

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9845 KENAI DR.
TALLAHASSEE, FL 32311

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:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

EMANUEL LOGGINS (CEO, PRESIDENT

ARTICLE VI REGISTERED AGENT

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

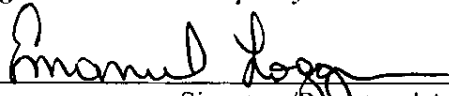
EMANUEL LOGGINS
9845 KENAI DR.
TALLAHASSEE, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EMANUEL LOGGINS
9845 KENAI DR.
TALLAHASSEE, FL 32311

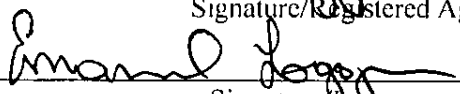
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10-6-10

Date



Signature/Incorporator

10-6-10

Date

FILED
10 OCT -6 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA