P10000094452

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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	Office Use On	lv



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COVER LETTER

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

SUBJECT: $\angle a\omega$ Offices of Corpora	Josh D. Shocklee, P.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Josh D. Shoo	e (Printed or typed)
400 4th Ave	S # 108
St. Petersburchy,	State & Zip 33701
239-691 Daytime T	-5674 elephone number
Josh @ Shoo Banail address: (to be use	CKICE IAW - COM d 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)

The name of the corporation shall be: Low Offices	of Josh D. Shoo	klee, D.A.
Principal office Principal street address 400 475 Auc S 108 St. Petersburg, FL 3370	P.O. Box 7	fferent is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		2010 3250 3741
LOW Office ARTICLE IV SHARES		FILED NOV 17 PM NOV 18 PM NOV 18 PM
The number of shares of stock is: /OO		95 4
Name and Title: Josh Short of Sharholder Address: # 108 St. Persburg, FL 3370	Name and Title: Address:	
Name and Title: Address:	A .dd	
Name and Title: Address:		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: Addre	f the registered agent is:	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Name: Josh Shaklee Address: 400 474 Arc 5 #108 St. Petros burg, FL 3370		
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regi	istered agent and agree to act in this ca	pacity _
Required Signature/Registered Agent		-/3-/0 Date
I submit this document and affirm that the facts stated herein are list ument to the Department of State constitutes a third degree felony		nation submitted in a
Soh Sheet		-/3-/ \
Required Signature/Incorporator		Date