

P110000006924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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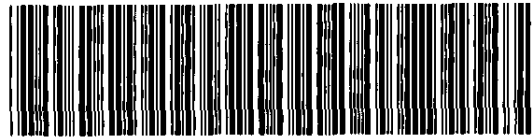
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JAN 21 PM 3:28

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 JAN 21 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HA

COVER LETTER

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

SUBJECT: Keith Shields 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: Keith Shields
Name (Printed or typed)

188 Hillcrestville Rd.
Address

Crawfordville FL 32327
City, State & Zip

(850) 363-4017
Daytime Telephone number

KeithShields0108@yahoo.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: Keith Shields Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

188 Hilliardville rd.

Crawfordsville Fl. 32327

Mailing address, if different is:

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Keith Shields / President

Address: 188 Hilliardville rd.

Crawfordsville Fl. 32327

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Annie L. Bowlineau

Address: 70 Dolly Drake Dr.

Crawfordsville Fl 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Keith Shields

Address: 188 Hilliardville rd.

Crawfordsville Fl 32327

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

Annie L. Bowlineau

Required Signature/Registered Agent

1-21-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Keith Shields

Required Signature/Incorporator

1-21-11

Date

FILED
11 JAN 21 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA