

P11000103936

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

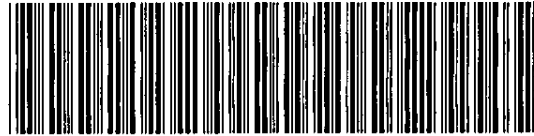
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

11 DEC -7 AM 9:27

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 DEC -7 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/7/11

COVER LETTER

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

SUBJECT: The Shape Statistics Corporation

(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: Wade Henning

Name (Printed or typed)

2344 Limerick Drive

Address

Tallahassee, FL 32309

City, State & Zip

563-419=1092

Daytime Telephone number

wadehenning@yahoo.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **The Shape Statistics Corporation**

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address
2344 Limerick Drive
Tallahassee, FL 32309

Mailing address, if different is: **11 DEC -7 AM 9:31**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide statistical consulting, mathematical modeling, and software; primarily for image analysis, and prediction.

ARTICLE IV SHARES

The number of shares of stock is **25,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Wade Henning, CEO**
Address: **2344 Limerick Drive**
Tallahassee, FL 32309

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: **Cathryn Meyer**
Address: **2344 Limerick Drive**
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Cathryn Meyer**
Address: **2344 Limerick Drive**
Tallahassee, FL 32309

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




Required Signature/Registered Agent

12/7/11

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.



Required Signature/Incorporator

12/7/11

Date