

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((((H12000282230 3)))



H120002822303ABCU

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (850) 385-6735  
Fax Number : (954) 641-4192

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
SHOYAN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

#12000282230

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

# ARTICLES OF INCORPORATION

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

DEC -4 AM 8:45

## ARTICLE I NAME

The name of the corporation shall be: **SHOYAN, INC**

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
**6980 SW 8 CT  
PLANTATION, FL 33317**

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may engage in any activity or business permitted under the laws of the United States and of this State

## ARTICLE IV SHARES

The number of shares of stock is: **One Thousand (1,000)**

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DAVID FOLIC D/P**

Address: **6980 SW 8 CT  
PLANTATION, FL 33317**

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: **DAVID J. SCHOTTENFELD, ESQ**

Address: **7520 NW 5 Street # 203  
Plantation, FL 33317**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DAVID J. SCHOTTENFELD, ESQ**

Address: **7520 NW 5 Street # 203  
Plantation, FL 33317**

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

*David J. Schottenfeld*

Required Signature/Registered Agent

November 30, 2012

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.

*David J. Schottenfeld*

Required Signature/Incorporator

November 30, 2012

Date

#12000282230