## P/300077839

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
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(Business Entity Name)					
(Document Number)					
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## COVER LETTER

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

UBJECT: AFFORDABLE SHANAWAY SERVICES INC						
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Inclosed are an original and one (1) copy of the articles of incorporation and a check for:						
X \$70.00	\$78.75 \$87.50  Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED					
FROM: JO ANN SHANAWAY  Name (Printed or typed)						
Name (Printed or typed)						
P O BOX 1561 169 N CENTRAL AVE						
Address						
UMATILLA, FL 32784	• •					
City, State & Zip						
(352) 669-0227						
	lephone number					
shanaway6262@aol.com						
E-mail address: (to be used for future annual report notification)						

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

AFFORDABLE SHANAWAY SERVICES INC

ARTICLES OF INCORPORATION

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

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X 1561 169 N C	ENTRAL AVE			•	
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LLA, FL 32784				<u> </u>	·
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imber of shares of	of stock is: 10			Name and Title:	JO ANN SHANAWAY VP
timber of shares of the control of t	of stock is: 10  OFFICERS AI  LARRY M SH	ND/OR DIRECTO ANAWAY PRES 1 169 N CENTRA	L AVE	Name and Title: Address:	
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Mer of shares of the shares of the shares of the share and Title:  Address:  Name and Title:	DI STOCK IS: 11  OFFICERS AI  LARRY M SH.  P O BOX 156  UMATILLA, FI	ND/OR DIRECTO ANAWAY PRES 1 169 N CENTRA L 32784	NL AVE	Address: ,	JO ANN SHANAWAY VP P O BOX 1561 169 N CENTRA  UMATILLA, FL 32784
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Mer of shares of the shares of the shares of the share and Title:  Address:  Name and Title:	DI STOCK IS: 10 DI STOCK IS: 11 DI STOCK IS: 156 DI STOCK	ND/OR DIRECTO ANAWAY PRES 1 169 N CENTRA DY OFFICER	NL AVE	Address: Name and Tit'e:	JO ANN SHANAWAY VP P O BOX 1561 169 N CENTRAL UMATILLA, FL 32784  DEVON SHANAWAY SEC/TR P O BOX 1561 169 N CENTRAL
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Name and	Title:	Name and Title:							
Address		Address:							
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		,							
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:									
Name:	JO ANN SHANAWAY	o o	,						
Address:	169 N CENTRAL AVE	- -							
	UMATILLA, FL 32784	_							
ARTICLE VII II	NCORPORATOR								
The name and ad	dress of the Incorporator is:								
Name:	JO ANN SHANAWAY	_	٠,						
Address:	169 N CENTRAL AVE	<del>_</del>							
	UMATILLA, FL 32784	· ·	•						
	•								
Having been name in this certificate,	ed as registered agent to accept service of process fo I am familiar with and accept the appointment as regi	or the above stated corpo istered agent and agree to	ration at the place designated act in this capacity						
- Go	and Dog		9/20/2013						
	Required Signature/Registered Agent		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.									
- Go	Worklergy .		9/20/2013						
U	Required Signature/Incorporator		Date						