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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 23 PM 2:16

2513

# COVER LETTER

ATX1

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

**SUBJECT:** AFFORDABLE SHANAWAY SERVICES 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:** JO ANN SHANAWAY

Name (Printed or typed)

P O BOX 1561 169 N CENTRAL AVE

Address

UMATILLA, FL 32784

City, State & Zip

(352) 669-0227

Daytime Telephone 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

ATX1

ARTICLES OF INCORPORATION

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

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DIVISION OF CORPORATIONS  
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**ARTICLE I NAME**

The name of the corporation shall be: AFFORDABLE SHANAWAY SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

P O BOX 1561 169 N CENTRAL AVE

UMATILLA, FL 32784

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FOR PROFIT: A LEGAL ENTITY

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LARRY M SHANAWAY PRES

Name and Title: JO ANN SHANAWAY VP

Address: P O BOX 1561 169 N CENTRAL AVE

Address: P O BOX 1561 169 N CENTRAL AVE

UMATILLA, FL 32784

UMATILLA, FL 32784

Name and Title: JAMES MOODY OFFICER

Name and Title: DEVON SHANAWAY SEC/TR

Address: P O BOX 1561 169 N CENTRAL AVE

Address: P O BOX 1561 169 N CENTRAL AVE

UMATILLA, FL 32784

UMATILLA, FL 32784

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

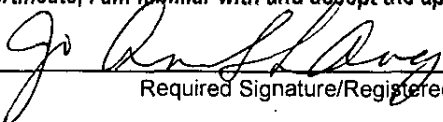
Name: JO ANN SHANAWAY  
Address: 169 N CENTRAL AVE  
UMATILLA, FL 32784

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JO ANN SHANAWAY  
Address: 169 N CENTRAL AVE  
UMATILLA, FL 32784

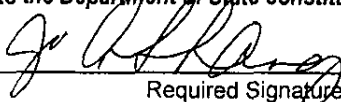
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

9/20/2013

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

9/20/2013

Date