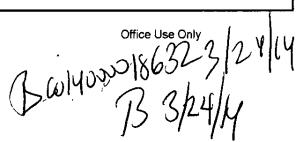
P14000025990

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ac | idress) | |
| . (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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14 MAR 20 PM L: 11

COVER LETTER

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

SUBJECT: Neighborhood Shopping Guide, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

<u>-----</u>,

| Enclosed are an ori | ginal and one (1) copy of the arti | cles of incorporation and | d a check for: |
|-------------------------|--|--|---|
| ☐ \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| FROM: S | Shawn Harrell Name | (Printed or typed) | |
| 1 | 08 Lakeview Way | 1 | |
| | A | Address | |
| C | Oldsmar, FL 3467 | 7. | · |
| | City, | State & Zip | |
| 3) | 363)214-8479 | | |
| | Daytime To | elephone number | |
| te | enpercentrip@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)

| İ | <i>ICIPAL OFFICE</i> Principal <u>street</u> address | N | Mailing address, if different is | : | |
|--|---|---|----------------------------------|--------------|-----------------------|
| 8 Lakeview | | | | | |
| dsmar FL 34 | 1677 | | | | |
| • | | | | | |
| TICLE III PURE purpose for which the | POSE ne corporation is organized is: | gurly 1 | purpose | | |
| | | | • | | |
| | | | | | |
| | | ***** | | | |
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| . <u>. </u> | | | | | |
| | | | | د ست | <u></u> |
| TICLE IV SHA. | RES ttock is: | | | 14 MA | OPCIAIG |
| | | | | 14 MAR 20 | DIAISING OF |
| TICLE V INIT | IAL OFFICERS AND/OR DIRECTOR | _ | | 14 MAR 20 PM | DIAISION OF COM. |
| TICLE V INIT | | Name and Title: | | 20 | DIAIDING OF COME |
| TICLE V INIT | IAL OFFICERS AND/OR DIRECTOR | _ | | 20 | DIAIDING COM ST |
| TICLE V INIT | IAL OFFICERS AND/OR DIRECTOR | Name and Title: | | 20 | Old Digital Committee |
| Name and Title: Address | IAL OFFICERS AND/OR DIRECTOR Shawn Harrell President | Name and Title: Address: | | 20 PM 4: 11 | |
| Name and Title: Address | IAL OFFICERS AND/OR DIRECTOR | Name and Title: Address: | | 20 PM 4: 11 | |
| Name and Title: Address | IAL OFFICERS AND/OR DIRECTOR Shawn Harrell President | Name and Title: Address: Name and Title: | | 20 PM 4: 111 | |
| Name and Title: Address Name and Title: | AL OFFICERS AND/OR DIRECTOR Shawn Harrell President | Name and Title: Address: Name and Title: Address: | | 20 PM 4: 111 | |
| Name and Title: Address Name and Title: | Shawn Harrell President | Name and Title: Address: Name and Title: Address: | | 20 PM 4: 111 | |
| Name and Title: Address Name and Title: Address | Shawn Harrell President | Name and Title: Address: Name and Title: Address: | | 20 PM 4: 11 | |
| Name and Title: Address Name and Title: Address | Shawn Harrell President | Name and Title: Address: Name and Title: Address: Name and Title: | | 20 PM 4: 11 | |

| Name ar | nd Title: | Name and Title: | |
|---------------------------------------|--|---|--------------|
| Address | | Address: | |
| ARTICLE VI | REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| Name: | Shawn Harrell | of the registered agent is. | |
| Address: | 108 Lakeview Way | _ | 9V., |
| | Oldsmar, FL 34677 | MAR 20 | Sich |
| ARTICLE VII | <u>INCORPORATOR</u> | 20 PM | ్త≺ |
| The name and a | ddress of the Incorporator is: | <u>.</u> | 100 |
| Name: | Shawn Harrell | | . Br |
| Address: | 108 Lakeview Way | <u>_</u> | కు |
| | Oldsmar, FL 34677 | | |
| Having been na this certificate, I | med as registered agent to accept service of proce am familiar with and accept the appointment as i | ess for the above stated corporation at the place designa registered agent and agree to act in this capacity | ited in |
| ر مرا | Man Henrell | 3/13/14 | |
| | Required Signature/Registered Agent | Date | _ |
| | cument and affirm that the facts stated herein a Department of State constitutes a third degree fel | re true. I am aware that the false information submitte lony as provided for in s.817.155, F.S. | d in a |
| | Man Harrell | 3/13/12 | { |
| | Required Signature/Incorporator | Date | |