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(Requestor's Name)			
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PICK-UP	WAIT	MAIL	
(Bi	isiness Entity Name)		
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Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:		Moh	

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SECRETARY OF STATE
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في العالماء

COVER LETTER

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

SUBJECT: Sheppard Family Enterprises, 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 \$\sumsymbol{\Pi}\$\$ \$78.75 \$\sumsymbol{\Pi}\$\$ \$87.50 Filing Fee & Certificate of Status

\$\$Certificate of Status \$\$ADDITIONAL COPY REQUIRED\$\$

FROM:	Scott A. Sheppard			
i icoivi.	Name (Printed or typed)			
	1924 Dove Field Place			
	Address			
	Brandon, FL 33510	SEC TALL	14	
	City, State & Zip	基础	نال	**********
	813-685-6006	ASSE ASSE	≈ -3	=
	Daytime Telephone number		.	
	scootersignsandgraphics@gmail.com	1801 1415	5.	
	E-mail address: (to be used for future annual report notification)	\approx nn	ယ	

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



May 2, 2014

SCOTT A. SHEPPARD 1924 DOVE FIELD PLACE BRANDON, FL 33510

SUBJECT: SHEPPARD FAMILY ENTERPRISES, INC. Ref. Number: W14000027807

We have received your document for SHEPPARD FAMILY ENTERPRISES, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 514A00009396

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

me of the corpor	ration shall be: Sheppard Fam	ily Enterprises, inc	
	INCIPAL OFFICE		14 HA - 2 6
- 4	Principal street address	Mailing address, if	differentiaTARY OF
24 Dove	Field Place		differente tary of TALLAHASSEE, F
andon, F	L 33510		
ICLE III PUI urpose for which	RPOSE the corporation is organized is: Graph	nics Installation	
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Name and Title Address Address	TIAL OFFICERS AND/OR DIRECTO cle: Scott A. Sheppard 1924 Dove Field Place Brandon, FL 33510 e:	Name and Title: Address: Name and Title: Address: Name and Title:	

Name ar	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI The name and F	REGISTERED AGENT [lorida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Scott A. Sheppard	
Address:	1924 Dove Field Place	
	Brandon, FL 33510	
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Scott A. Sheppard	
Address:	1924 Dove Field Place	
	Brandon, FL 33510	
	med as registered agent to accept service of proce am familiar with and accept the appointment as re	
	Trop affine	4/21/14
. //	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein ar Department of State con stitutes a third degree felo	te true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
	Ino a Show	4/21/14
//	Required Signature/Incorporator	Date

FILED

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SECRETARY OF STATE.