

06/06/2014 16:17

(FAX)

P.001/004

Division of Corporations

https://file.ambiz.org/scripts/efilcovr.e

P14000049746

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.

((H14000131412 3)))



H140001314123ABCR

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

#9167878

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-8368

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

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

6/5/14

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
SHUTTLESWORTH, INC.

Certificate of Status	0
Certified Copy	1
Page Count	24
Estimated Charge	\$78.75

14 JUN -5 PM 4:17

RECEIVED  
DIVISION OF CORPORATIONS  
JUN 6 2014

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

6/5/14

B 6/10/14

H14000131412 3

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

**ARTICLE I NAME**  
The name of the corporation shall be: Shuttlesworth, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

909 Poinciana Drive

Fort Lauderdale, FL 33301

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation may engage in or transact any or all activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is: 200 Shares

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

Name and Title: Michael Matthew Maroons, President

Address: 909 Poinciana Drive  
Fort Lauderdale, FL 33301

Name and Title: George Dencite Schultz, Secretary

Address: 909 Poinciana Drive  
Fort Lauderdale, FL 33301

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

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

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

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

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

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

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

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

H14000131412 3

HI4000131412 3

(cont.)

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: Michael Matthew Maroons

Address: 909 Poinciana Drive

Fort Lauderdale, FL 33301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James E. Kelly, Esq.

Address: 5820 Main Street, Suite 600

Williamsville, NY 14221

*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*

By: 

Required Signature/Registered Agent

05/01/2014

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

James E. Kelly, Esq.

05/01/2014

Date

14 JUN -5 PM 4:17  
 RECEIVED  
 DIVISION OF CORPORATE AFFAIRS

HI4000131412 3



June 6, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUBJECT: SHUTTLESWORTH, INC  
REF: W14000035321

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

6/5/14

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H14000131412  
Letter Number: 714A00012247

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

6/5/14

P.O BOX 6327 - Tallahassee, Florida 32314

RECEIVED  
JUN 11 2014  
TALLAHASSEE, FLORIDA

14 JUN -6 PM 4:32

RECEIVED