

PA0000066487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

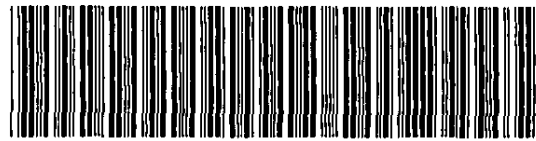
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200262586302

08/15/14--01024--008 **87.50

RECEIVED
14 AUG 15 AM 11:56
DIVISION OF CORPORATION

FILED
14 AUG 15 AM 8:53
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Shelbran Investment Fund, Inc.

Signature _____

Requested by: Seth

08/15/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

☒ Cert. Copy _____

☒ Photo Copy _____

☒ Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

14 AUG 15 AM 8:53
TALLAHASSEE, FLORIDA
STATE
RECORDS SECTION

COLLECTED

COVER LETTER

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

SUBJECT: Shelbran Investment Fund, 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: Steve Holgate

Name (Printed or typed)

1749 SE 59th St.

Address

Ocala, Fl. 34480

City, State & Zip

352-502-2924

Daytime Telephone number

steve@shelbran.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)

ARTICLE I NAME

The name of the corporation shall be: Shelbran Investment Fund, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1749 SE 59th St.

Ocala, Fl. 34480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which
a corporation may be organized under the laws of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steve Holgate, Pres. & Sect.

Name and Title: _____

Address 1749 SE 59th St.

Address: _____

Ocala, Fl. 34480

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: Steve Holgate
Address: 1749 SE 59th St.
Ocala, Fl. 34480

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steve Holgate
Address: 1749 SE 59th ST.
Ocala, Fl. 34480

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

Aug 8, 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

Aug 8, 2014
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA