

P140000084828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

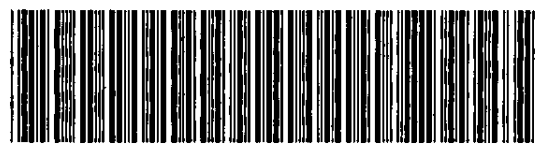
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500265145265

10/14/14--01040--020 \*\*78.75

FILED  
14 OCT 14 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 10/15

**COVER LETTER**

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

Ship Ground, Inc  
**SUBJECT:** \_\_\_\_\_  
**(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**

Jeffrey Pringle  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)

11954 Gennaro Lane  
\_\_\_\_\_  
Address

Orlando, FL 32827  
\_\_\_\_\_  
City, State & Zip

407-361-7609  
\_\_\_\_\_  
Daytime Telephone number

jeff@shipground.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

**ARTICLE I NAME** Ship Ground, Inc  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Jeffrey Pringle

11954 Gennaro Lane

Orlando, FL 32827

FILED  
14 OCT 14 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

New Business

The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Jeffrey Pringle President

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

Address 11954 Gennaro Lane

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

Orlando, FL 32827  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Lennon Danley Secretary

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

Address 11954 Gennaro Lane

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

Orlando, FL 32827  
\_\_\_\_\_  
\_\_\_\_\_

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:

Jeffrey Pringle

Name: \_\_\_\_\_

11954 Gennaro Lane

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

Orlando, FL 32827

\_\_\_\_\_

FILED  
14 OCT 14 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jeffrey Pringle

Name: \_\_\_\_\_

11954 Gennaro Lane

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

Orlando, FL 32827

\_\_\_\_\_

*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

10/1/14

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

10/1/14

Date