

Division of Corporations

Page 1 of 2

P15000019101

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.

(((H15000049897 3)))



H150000498973ARCA

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

From:

Account Name : CIKLIN LUBITZ MARTENS & O'CONNELL
Account Number : 076376001447
Phone : (561) 832-5900
Fax Number : (561) 833-4209

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

Email Address: eshepherd007@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Shepherd Sports Enterprises, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

15 FEB 26 AM 11:34

MAIL ROOM

3/2cm

Electronic Filing Menu

Corporate Filing Menu

Help

H15000049897 3

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Shepherd Sports Enterprises, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address157 Ridge RoadJupiter, Florida 33477

Mailing address, if different is:

157 Ridge RoadJupiter, Florida 33477**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This Corporation is organized for the purpose of engaging in the business of fitness training and transacting any and all other lawful business.

ARTICLE IV SHARES 1,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Steve Shepherd, P/DAddress: 138 Northampton, #G
West Palm Beach, FL 33417Name and Title: Ed Shepherd, VP/T/DAddress: 157 Ridge Road
Jupiter, Florida 33477Name and Title: Kathleen Shepherd, SAddress: 157 Ridge Road
Jupiter, Florida 33477

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

H15000049897 3

FILED
2015 FEB 26 PM 1:30
SECRETARY OF STATE
JULIA A. BASSI
TALLAHASSEE, FLORIDA

02/26/2015 11:24

(FAX)

P.003/003

H15000049897 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: Gary Walk

Address: 515 N. Flagler Drive, 20th Floor

West Palm Beach, Florida 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gary Walk

Address: 515 N. Flagler Drive, 20th Floor

West Palm Beach, Florida 33401

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

2/27/15
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

2/27/15
Date

H15000049897 3