

P15000046794

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

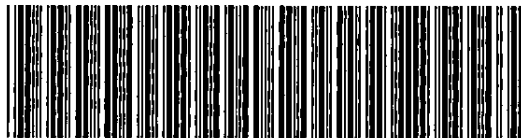
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04/20/15--01032--003 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 26 PM 3:5

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: Shannon's Organic Spa, 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: Shannon Raye Patrick

Name (Printed or typed)

5300 S. Atlantic Ave. #4206

Address

NSB, FL 32169

City, State & Zip

912-617-6505

Daytime Telephone number

shannonrayepatrick@icloud.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2015

SHANON RAYE PATRICK
5300 S. ATLANTIC AVE. #4206
NSB, FL 32169

SUBJECT: SHANNON'S ORGANIC SPA, INC.
Ref. Number: W15000028993

We have received your document for SHANNON'S ORGANIC SPA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the city name in its entirety abbreviation is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 515A00008398



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2015

SHANON RAYE PATRICK *****2ND ML*****
5300 S. ATLANTIC AVE. #4206
NSB, FL 32169

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Ref. Number: W15000028993

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Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 515A00008398

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

APPROVED
AND
FILED

15 MAY 26 PM 3:51

ARTICLE I NAME Shannon's Organic Spa, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

5300 S. Atlantic Ave. #4206

Mailing address, if different, is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

New Smyrna Beach FL 32169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Licensed Massage Therapy & Esthetics:

Swedish Massage, Deep Tissue Massage, Reflexology Massage,

Basic & European Facials, Microdermabrasion

Aromatherapy, Body Waxing, Hot Stone Massage, Prenatal Massage

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Shannon Raye Patrick

Name and Title:

Address 5300 S. Atlantic Ave. #4206

Address:

Address ~~NSB~~ FL 32169

Name and Title: VP Connie L. Patrick

Name and Title:

Address 104 Jackson Ct.

Address:

Address ~~SSI~~ GA 31522

Name and Title: Secretary/Treasurer John Patrick, Jr.

Name and Title:

Address 104 Jackson Ct.

Address:

Address ~~SSI~~ GA 31522

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Name and Title:

Address 104 Jackson Ct.

Address:

Address ~~SSI~~ GA 31522

Name and Title: Secretary/Treasurer John Patrick, Jr.

Name and Title:

Address 104 Jackson Ct.

Address:

Address ~~SSI~~ GA 31522

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Shannon Raye Patrick
Address: 5300 S. Atlantic Ave. #4206
myrna < ~~NSB~~ EL 32169

The name and address of the Incorporator is:

Name: Shannon Raye Patrick
Address: 5300 S. Atlantic Ave. #4206
nyrna NSB, FL 32169

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

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

Date _____