

PI6000005489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

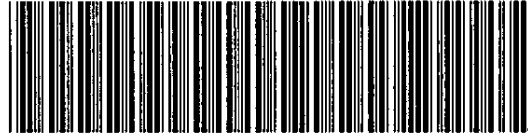
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/08/16--01011--002 **70.00

16 JAN - 8 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/11

COVER LETTER

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

SUBJECT: Shine On Creative Designs, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Clayton K. Ellis

Name (Printed or typed)

2410 SE 36th Avenue

Address

Ocala, Florida 34471

City, State & Zip

352-671-9393

Daytime Telephone number

clayellis@claytonkellis.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Shine On Creative Designs, Inc.

16 JAN -8 PM 2:07

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, **SECRETARY OF STATE**
TALLAHASSEE, FLORIDA

2410 SE 36th Avenue

Ocala, Florida 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in business.

ARTICLE IV SHARES

The number of shares of stock is: 7,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cynthia Ellis, CEO

Name and Title: _____

Address 2410 SE 36th Avenue

Address: _____

Ocala, Florida 34471

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

16 JAN -8 PM 2:07

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Clayton K. Ellis

Address: 2410 SE 36th Avenue

Ocala, Florida 34471

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Cynthia Ellis

Address: 2410 SE 36th Avenue

Ocala, Florida 34471

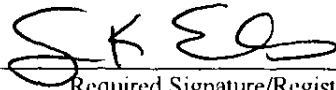
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 5, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

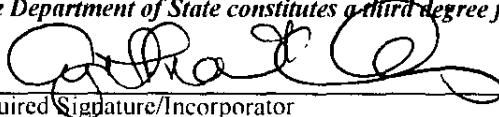


Required Signature/Registered Agent

1/5/16

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

1/5/16

Date