

PI6000026427

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

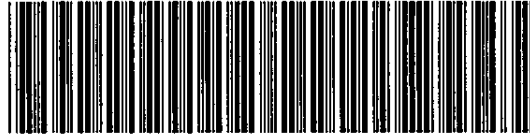
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~~W16-16413~~

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FILED
2016 MAR 21 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 24 2016

COVER LETTER

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

SUBJECT: Shad Property Management, 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: Henry Sacristan Bautista

Name (Printed or typed)

Post Office Box 721535

Address

Orlando, Florida 32872

City, State & Zip

(407) 288-7967

Daytime Telephone number

Sacristancursillista@gmail.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

March 4, 2016

HENRY SACRISTAN BAUTISTA
P.O. BOX 721535
ORLANDO, FL 32872

SUBJECT: SHAD PROPERTY MANAGEMENT, INC.
Ref. Number: W16000016413

We have received your document for SHAD PROPERTY MANAGEMENT, 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Teresa Brown
Regulatory Specialist II

Letter Number: 916A00004568

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: Shad Property Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5533 Chrishire Way F104

Post Office Box 721535

Orlando, Florida 32822

Orlando, Florida 32872

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Purpose of this Corporation is to Sell, Buy and to Maintain Real Estate Property.

ARTICLE IV SHARES

The number of shares of stock is: ~~10000~~ 100 SHARES HS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Henry Sacristan Bautista, President

Name and Title: _____

Address Post Office Box 721535

Address: _____

Orlando, Florida 32872

USA

Name and Title: Sandra Lucia Cuellar Afanador, VP

Name and Title: _____

Address Post Office Box 721535

Address: _____

Orlando, Florida 32872

USA

Name and Title: N/A

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:

Name: Henry Sacristan Bautista

Address: 5533 Chrishire Way F104

Orlando, Florida 32822

ARTICLE VII INCORPORATOR

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

Name: Henry Sacristan Bautista

Address: Post Office Box 721535

Orlando, Florida 32872

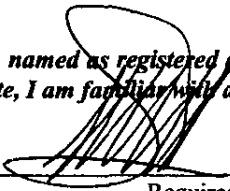
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

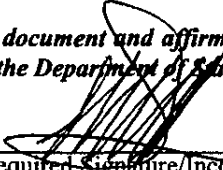


Required Signature/Registered Agent

2-13-16

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

2-13-16

Date