

P16000053086

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COVER LETTER

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

SUBJECT: Shepherd, 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: Emad Girgis Q. Wean Habib

Name (Printed or typed)

8243 Charrington Forest Blvd

Address

Tallahassee FL 32312

City, State & Zip

850-345-0835

Daytime Telephone number

menagirgis@gmail.com

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

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

06/22/16

I Emad Girguis, Have no intention to reinstate Sheperd, Inc. document # P14000048739.

Date filed: June 3, 2014, and I need to release the name to be reused.

Emad Girguis

Emad Girguis
6/22/2016

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: shepherd, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address Mailing address, if different is:
8243 Charrington Forest
Blvd Tallahassee Same
FL. 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful
Business

16 JUN 22 PM 4:22
STATE OF FLORIDA
TALLAHASSEE - FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erman Garguier Name and Title: president

Address 8243 Charrington
blvd. Tallahassee
FL. 32312

Name and Title: Wern H. S. S. Name and Title: GEO

Address 7130 Tower Tree
Tallahassee FL.
32312

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:

Name: Mena Girgus
Address: 8243 Charrington Forest
Bld Tallahassee FL 32312

ARTICLE VII INCORPORATOR

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

Name: Mena Girgus
Address: 8243 Charrington Forest
Bld Tallahassee FL


ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 6/22/16 (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

6/22/16

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

6/22/16

Date