

P16000053086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

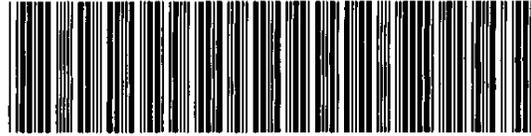
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRET  
TALLAHASSEE, FLORIDA

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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 & Weeem 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: 8243 Charrington Forest  
Blvd Tallahassee  
FL. 32312

Mailing address, if different is: Same

ARTICLE III PURPOSE

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

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STATE OF FLORIDA  
TALLAHASSEE COUNTY  
CLERK OF THE CIRCUIT COURT

APPROVED  
AND  
FILED

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erman Girgis 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 Cirgus  
Address: 8243 Charrington Forest  
Bldg Tallahassee FL 32312

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mena Cirgus  
Address: 8243 Charrington Forest  
Bldg. 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*

[Signature]  
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.*

[Signature]  
Required Signature/Incorporator

6/22/16  
Date