

P17000029233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

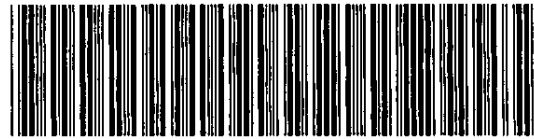
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400296257754

03/21/17--01004--004 **78.75

W17-024625

π 04/03/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2017

DARLENE SHUMAN
8705 TWIN LAKES BLVD.
TAMPA, FL 33614

SUBJECT: DARLENE SHUMAN
Ref. Number: W17000024625

We have received your document for DARLENE SHUMAN and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 017A00005503

17 MAR 31 PM 12:41
TAMPA
DIVISION OF CORPORATIONS
RECEIVED

COVER LETTER

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

SUBJECT: Darlene Shuman, Sole Proprietor

(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: Darlene Shuman
Name (Printed or typed)
8705 Twin Lakes Blvd.
Address
Tampa, Florida 33614
City, State & Zip
813-210-3169
Daytime Telephone number
DJShumaneng@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Darlene Shuman, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8705 Twin Lakes Blvd.

Tampa, Florida 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Practice of Engineering Consulting

ARTICLE IV SHARES

The number of shares of stock is: I, Sole Proprietor

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darlene Shuman Name and Title: _____

Address 8705 Twin Lakes Blvd. Address: _____

Tampa, Florida 33614 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Darlene Shuman _____

Address: 8705 Twin Lakes Blvd. _____

Tampa, Florida 33614 _____

ARTICLE VII INCORPORATOR

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

Name: Darlene Shuman _____

Address: 8705 Twin Lakes Blvd. _____

Tampa, Florida 33614 _____

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 days prior or 90 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

Darlene Shuman

Required Signature/Registered Agent

3/16/17

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.

Darlene Shuman

Required Signature/Incorporator

3/16/17

Date