

PI2000056059

(Requestor's Name)

(Address)

(Address)

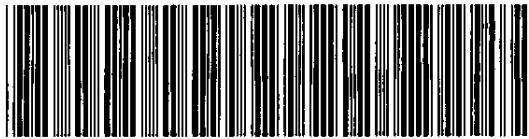
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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



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06/29/17--01008--003 \*\*78.75

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17 JUN 29 AM 10:10

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SPECIALTY STATE  
DIVISION OF CORPORATIONS  
17 JUN 29 AM 10:35

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## COVER LETTER

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

S\$P

SUBJECT: Shawn And Parks Installation

(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: Shawn Walker

Name (Printed or typed)

267 Ridge Rd

Address

Cairo GA 39878

City, State & Zip

229-378-1436

Daytime Telephone number

Shawn.don213@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: S&P Installation Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

267 Ridge Rd  
Cairo Ga 39878

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Shawn Wallace Name and Title: \_\_\_\_\_

Address: 267 Ridge Rd Address: \_\_\_\_\_

Cairo Ga \_\_\_\_\_

39828 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FLORIDA  
DEPARTMENT  
OF STATE  
REGISTRATION  
SECTION OF  
CORPORATIONS  
17 JUN 29 AM 10 35

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: Shawn Walker  
Address: 1410 Coleman St.  
Stephens, FL 32310  
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Shawn Walker  
Address: 1410 Coleman St.  
Tallahassee, FL 32310

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6-29-17 (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*

Shawn Walker  
Required Signature/Registered Agent

6-29-17  
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.*

Shawn Walker  
Required Signature/Incorporator

6-29-17  
Date