

P19000040285

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

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MAY 15 2019



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16 MAY 6 AM 9:31
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY -3 AM 9:31

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

SUBJECT: CHARLES SHEARMAN CONSTRUCTION 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: CHARLES SHEARMAN
Name (Printed or typed)
228 CORDOBO STREET
Address
GULF BREEZE, FL 32561
City, State & Zip
850-324-1523
Daytime Telephone number
CSHEARMAN1@ATT.NET
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY - 3 AM 9:31

ARTICLE I NAME

The name of the corporation shall be: CHARLES SHEARMAN CONSTRUCTION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

228 CORDOBO STREET

GULF BREEZE, FL 32561

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES E. SHEARMAN, PRES. Name and Title: _____

Address 228 CORDOBO STREET Address: _____

GULF BREEZE, FL 32561 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY - 3 AM 9:31

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: CHARLES E. SHEARMAN
Address: 228 CORDOBO STREET
GULF BREEZE, FL 32561

ARTICLE VII INCORPORATOR

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

Name: CHARLES E. SHEARMAN
Address: 228 CORDOBO STREET
GULF BREEZE, FL 32561


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.)

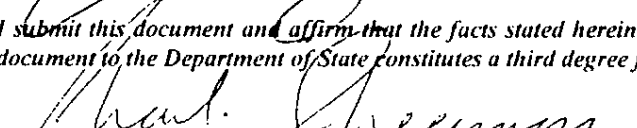
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent 4-30-19
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 4-30-19
Date

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY -3 AM 9:31

ARTICLE I NAME
The name of the corporation shall be: CHARLES SHEARMAN CONSTRUCTION INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
228 CORDOBO STREET _____
GULF BREEZE, FL 32561 _____

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The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>CHARLES E. SHEARMAN, PRES.</u>	Name and Title: _____
Address: <u>228 CORDOBO STREET</u>	Address: _____
<u>GULF BREEZE, FL 32561</u>	_____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY -3 AM 9 31

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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GULF BREEZE, FL 32561

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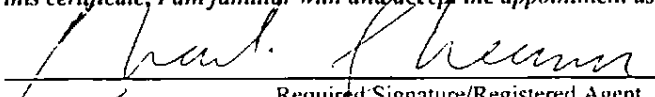
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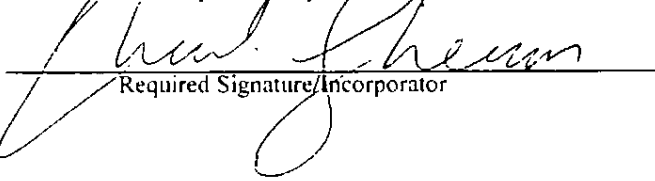
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Required Signature/Incorporator 4-30-19
Date