

P190000041891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

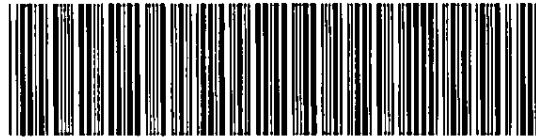
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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
19 APR -4 AM 7:27

March 29, 2019

19 APR - 4 AM 7:27
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference Shelton Boys PA Florida document number: P16000094737

Dear Department

It has come to my attention that my corporation has become inactive due to non payment of the annual report. I am asking the department at this time to release my Florida document number P16000094737 for my Corporation Shelton Boys PA.

I am further enclosing new articles that I would ask the state to process at this time.

Thanking you in advance for your assistance with these matters.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Shelton", with a long, sweeping horizontal line extending to the right.

Heather Shelton, President

COVER LETTER

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

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STATE PAID OF CLERK
DIVISION OF CORPORATIONS
19 APR - 4 AM 7:27

SUBJECT: SHELTON BOYS, PA

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: HEATHER SHELTON

Name (Printed or typed)

2293 CAPE HEATHER CIRCLE

Address

CAPE CORAL, FL 33991

City, State & Zip

310-809-3364

Daytime Telephone number

HEATHER@SHELTONPA.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:

Shelton Boys, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

2293 CAPE HEATHR CIRCLE

CAPE CORAL, FL 33991

Mailing address, if different is:

SAME

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CLERK OF DISTRICT COURT
SIXTH JUDICIAL CIRCUIT
19 APR - 6 AM 7:27

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS PERTAINING

TO COURT REPORTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES @ \$1.00 PAR VALUE PE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HEATHER SHELTON, PRESIDENT

Name and Title: _____

Address 2293 CAPE HEATHER CIRCLE

Address: _____

CAPE CORAL, FL 33991

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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STATE DEPT. OF CORP. AFFAIRS
DIVISION OF CORPORATE AFFAIRS
19 APR - 4 AM 7:27

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: HEATHER SHELTON

Address: 2293 CAPE HEATHR CIRCLE

CAPE CORAL, FL 33991

ARTICLE VII INCORPORATOR

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

Name: HEATHER SHELTON

Address: 2293 CAPE HEATHR CIRCLE

CAPE CORAL, FL 33991

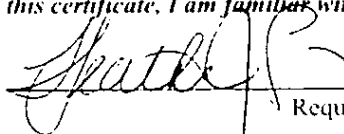
ARTICLE VIII EFFECTIVE DATE:

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

3/29/19
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

3/29/19
Date

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

► Return completed Form 8879 to your ERO. (Don't send to the IRS.)

► Go to www.irs.gov/Form8879 for the latest information.**2018**

Submission Identification Number (SID) ►

Taxpayer's name

Heather Shelton

Spouse's name

Social security number

364-04-3773

Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	61,621.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Paradise International Tax to enter or generate my PIN 18212
ERO firm name Enter five digits, but don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ►

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____
ERO firm name Enter five digits, but don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

65344119701

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► Kathleen Flynn

Date ►

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8879 (2018)

19 APR - 6 AM 7:27
SELF-EMPLOYED
DIVISION OF
TAXATION