

COVER LETTER

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

SUBJECT: Shawn Lussier Enterprises, 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 ☒ \$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: Shawn Lussier Enterprises, Inc.

Name (Printed or typed)

1439 Fruit Cove Road North

Address

Saint Johns, FL 32259

City, State & Zip

904-352-0632

Daytime Telephone number

Shawn Lussier 71 AG mail.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: Shawn Lussier Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1439 Fruit Cove Road North

Saint Johns, FL 32259

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: 1,000 shs

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shawn Lussier, Director

Name and Title: _____

Address

1439 Fruit Cove Rd. N
Saint Johns, FL 32259

Address: _____

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: Shawn Lussier
Address: 1439 Fruit Cove Road North
saint Johns, FL 32259

ARTICLE VII INCORPORATOR

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

Name: Shawn Lussier
Address: 1439 Fruit Cove Road North
Saint Johns, FL 32259

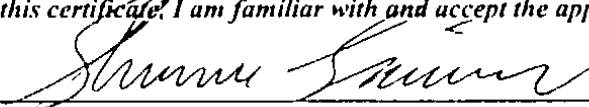
ARTICLE VIII EFFECTIVE DATE:

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

8/30/19

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

8/30/19

Date