

P19000079482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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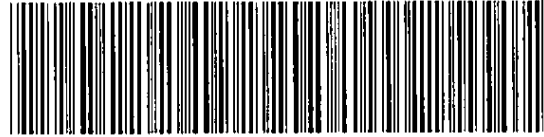
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 OCT 24 AM 11:21

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2019 OCT 24 AM 11:40

CLERK OF STATE
OF MASSACHUSETTS

OCT 24 2019

T. SCOTT

COVER LETTER

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

SUBJECT: SHOPLYFTS 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: MIKE HALL
Name (Printed or typed)

4019 VALENCIA CT.
Address
PANAMA CITY FL

32405
City, State & Zip

850-866-7511
Daytime Telephone number

MIKEHALL47@Fcloud.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: SHOPLGRTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 4019 VALERIA CT.
P.O. BOX 32405
PANAMA CITY FL 32405

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SHUTTLE SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIKE HALL CEO Name and Title: _____

Address: 4019 VALERIA CT. Address: _____

P.O. BOX 32405

Name and Title: BOBBY HODGES COO Name and Title: BOBBY HODGES COO

Address: 550 SAVANNAH WEST CT Address: 4019 VALERIA CT.

SPRINGFIELD TENN PANAMA CITY FL 32405

37117

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: BOBBY HODGES

Address: 4019 VALENCIA CT.

PANAMA CITY FL
32405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MIKE HALL

Address: 4019 VALENCIA CT.

PANAMA CITY FL 32405

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 24 OCT 2019 (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

Bobby Hodges

Required Signature/Registered Agent

24 OCT 2019

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.

Mike Hall

Required Signature/Incorporator

24 OCT 2019

Date