

P21000034618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

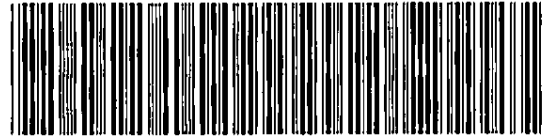
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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04/19/21--01001--008 **70.00

RECEIVED
2021 APR 16 PM 12:05
OFFICE OF THE CLERK OF THE
TALLAHASSEE, FL

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2021 APR 16 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FL 90504

100 4/19/21

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 4/16 Glinda

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** ARTICLES _____

1. **Shiple Data Services Inc**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED

ARTICLES OF INCORPORATION

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

2021 APR 16 PM 12:05

ARTICLE I NAME

The name of the corporation shall be: SHIPLE DATA SERVICES, INC. SECRETARY: STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address: 840 SE 13 CT Mailing address, if different is: _____
POMPANO BEACH, FL 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the transaction
of any and/or all lawful business for which Corporations may
be incorporated under the provisions of the Florida General
Corporations Act.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KURT P SHIPLE, PRESIDENT Name and Title: _____

Address: 840 SE 13 CT Address: _____
POMPANO BEACH, FL 33060

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: KURT P SHIPLE

Address: 840 SE 13 CT

POMPANO BEACH, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KURT P SHIPLE

Address: 840 SE 13 CT

POMPANO BEACH, FL 33060

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

Kurt Shipley

Required Signature/Registered Agent

04/16/21

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.

Kurt Shipley

Required Signature/Incorporator

04/16/21

Date

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