

P21000034964

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(City/State/Zip/Phone #)

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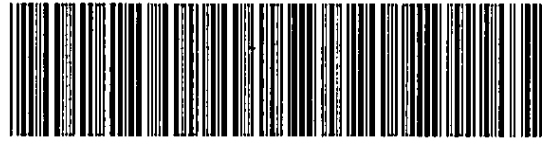
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: **JAMES F. SHANNON and FELICIA OFOSU TRUST FUND, INC.**
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

FEIN #: 86-2545187

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: **JAMES F. SHANNON**

Name (Printed or typed)

28 SW 8 STREET - #: 3-B

Address

HALLANDALE BEACH, FL 33009-7029

City, State & Zip

(786)253-9050

Daytime Telephone number

jfshannon@gmail.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

FEIN #: 86-2545187

The name of the corporation shall be: **JAMES F SHANNON and FELICIA OFOSU TRUST FUND, INC.**

ARTICLE II PRINCIPAL OFFICE

J.F. SHANNON Principal street address

Mailing address, if different is:

28 SW 8 STREET - #: 2-B

J.F. SHANNON

28 SW 8 STREET - #: 2-B

HALLANDALE BEACH, FL 33009-7029

HALLANDALE BEACH, FL 33009-7029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **SAVINGS and INVESTING**

ARTICLE IV SHARES

The number of shares of stock is: **(2) Shares of Common Stock**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **J.F. Shannon, Pres./Treas./Sec'y.**

Name and Title: **Felicia Ofosu, VP./Sec'y./Treas.**

Address **28 SW 8 Street - #: 2-B**

Address: **28 SW 8 Street - #: 2-B**

Hallandale Beach, FL 33009-7029

Hallandale Beach, FL 33009-7029

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: **James F. Shannon**
Address: **28 SW 8 Street - #: 2-B**
Hallandale Beach, FL 33009-7029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

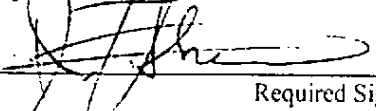
Name: **James F. Shannon**
Address: **28 SW 8 Street - #: 2-B**
Hallandale Beach, FL 33009-7029

ARTICLE VIII EFFECTIVE DATE:

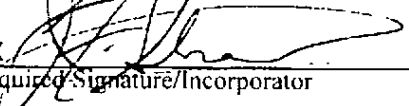
Effective date, if other than the date of filing: **03/10/2021**. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

X  **J.F. Shannon** **03/10/2021**
Required Signature/Registered Agent 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.

X  **J.F. Shannon** **03/10/2021**
Required Signature/Incorporator Date