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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT: Sherm	nan General Contracting Inc		
	(PROPOSED CORPORA	NTE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an original	ginal and one (1) copy of the ar	ticles of incorporation and	I a check for:
\$70.00	\$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
			
сром. Ка	athy Ballam		
PROM.		e (Printed or typed)	
34	19 Galt Ocean Drive Suite A		
		Address	
<u> Fo</u>	rt Lauderdale FL 33308	State & Zip	
	Chy,	State & Zip	
95	4-567-0013 x 14		
	Daytime T	elephone number	
julia	anne@shermangc.com		
<u>·</u>		d for future annual report n	otification)

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	ition shall be: Sherman General Contr	acting Inc	
<u>ARTICLE II PRIN</u>	CIPAL OFFICE Principal street address	Mailing :	address, if different is:
12767 Cameron Avenue S	Sylmar CA 91342	12767 Cameron Av	enue Sylmar CA 91342
_			
ARTICLE III PURP	OSE.		
The purpose for which	the corporation is organized is: Contract	ing	
	-	· · · ·	2022 /
			APR T
	<u></u>		- 26 F
			9 ÷ 0
ARTICLE IV SHAR	<u>ES</u> 100		
The number of shares of	stock is: 100		
ARTICLE V INITLA	AL OFFICERS AND/OR DIRECTORS		
	e: Andrew Sherman - President		
Name and Title		Name and Title:	
Address	12767 Cameron Avenue	Address:	
	Sylmar CA 91342		
Name and Title	Julianne Sherman - VP,S,T	Name and Title:	
Address	10707.0	• d.d	
	Sylmar CA 91342		
			
Name and Title		Name and Title:	
Address			
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		_	

	Tule.	Name and Title:
Addres	······	Address:
		=
RTICLE VI (*) The name and 1 is	<u>EGISTERED AGENT</u> <u>ida street address (P.O. Box NOT acceptabl</u>	e) of the registered agent is:
Name:	API Processing-Licensing, Inc.	
Address:	3419 Galt Ocean Drive Suite A	
	Fort Lauderdale FL 33308	2022
<u> RTICLE VII </u>	NCORPORATOR	2022 APR 26 AH
he <u>name and a</u> dd	tress of the Incorporator is:	No. 1
Name:	Julianne Sherman	
Address:	12767 Cameron Avenue	—
	Sylmar CA 91342	~; 3
iffective date, if an effective r - iling.)	to is listed, the date must be specific and ca ascreed in this block does not meet the applica	. (OPTIONAL) nanot be more than five days prior or 90 days after the able statutory filing requirements, this date will not be listed as
	as registered agent to accept sovice of procession with and accept the appointment as registered. Required Signature/Registered Agent	ess for the above stated corporation at the place designated in this istered agent and agree to act in this capacity. 4 25/22 Date