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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : JABBASH LLC Account Number : I20220000113 : (407)434-0012 Fax Number : (321)577-1025

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

BlessedTeaminfo@protonmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

MikeShepCorp, Inc.

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COVER LETTER

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

SUBJECT: MikeShepCorp, 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

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ADDITIONAL COPY REQUIRED

FROM: Lesbia Segura

Name (Printed or typed)

3321 S ORANGE BLOSSOM TRAIL #206

Address

Kissimmee, FL 34746

City, State & Zip

407-434-0012

Daytime Telephone number

BlessedTeaminfo@protonmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

(((H220002116333)))

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporate	ion shall be: MikeShepCorp	, Inc.			
Principal street address 2419 YALE AVE Principal street address			Mailing address, if different is:		
SANFORD,	FL 32771				
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is: _ANY	AND ALL	LAWFUL	BUSINESS	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				2022 JI	
				JUN 20 AHASSE	
ARTICLE IV SHARE The number of shares of s	<u>ES</u> 100 stock is:	····		PH 12: 52	
	LOFFICERS AND/OR DIRECTORS Michael Shepherd, P	_ Name and Title	::		
Address	2419 YALE AVE	Address:			
	SANFORD, FL 3277	<u>1</u>			
Name and Title:		Name and Title	; <u></u> .		
Address		Address:			
		_			
Address		Address:			
		_			

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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: Lesbia Segura	_
Address: 3321 S ORANGE BLOSSOM TRAIL #206	3
Kissimmee, FL 34746	2022 TAL
ARTICLE VII INCORPORATOR	2022 JUN 20 PK 12: 52 TALLAHASSEE. FLORIDS
The name and address of the Incorporator is:	SEFF
Name: Lesbia Segura	F720 ** ** ** ** ** ** ** **
Address: 3321 S ORANGE BLOSSOM TRAIL #206	SE 55
Kissimmee, FL 34746	0, 12
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannofiling.) Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	t be more than five days prior or 90 days after the
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as register	
- Servi Legar	June 12, 2022
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	
Jani Leps	June 12, 2022
Required Signature/Incorporator	Date

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