

P23000019957

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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****Enter the email address for this business entity to be used for future
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Email Address: anthonymorgan2024@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
SHADOW CORPORATE SERVICES INC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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H23000390498

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SHADOW CORPORATE SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
2598 E Sunrise Blvd Suite 2104
Fort Lauderdale, FL 33304Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

_____**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Anthony Morgan - President/DirectorAddress: 950 NE 154th St.
Miami, FL 33162

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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FLORIDA 15TH DISTRICT

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Anthony Morgan
Address: 950 NE 154th St.
Miami, FL 33162

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Anthony Morgan
Address: 950 NE 154th St.
Miami, FL 33162


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.)

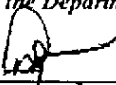
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.



Required Signature/Registered Agent

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.



Required Signature/Incorporator

November 9, 2023

Date

November 9, 2023

Date

H23000390498