

P 99000058024

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

700002916407--9
-05/12/99--01029--021
****262.50 KKK 87.50

SUBJECT: Shonk Enterprises, Inc
(Proposed corporate name - must include suffix)

Shonk

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Lisa M MEIER
Name (Printed or typed)

1525 AIA # 507
Address

Indianapolis, FL 33903
City, State & Zip

407 254 6110
Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SHONK ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

117 Shalimar Ave
Palm Bay, FL 32907

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Tim Shonk
117 Shalimar Ave
Palm Bay, FL 32907

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lisa M MEIER
1525 AIA # 507
Indianapolis, FL 32903

Lisa M Meier
Signature/Incorporator

5-7-99
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Tim Shonk
Signature/Registered Agent

5-7-99
Date

FILED
99 JUN 25 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA