

P13000036531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

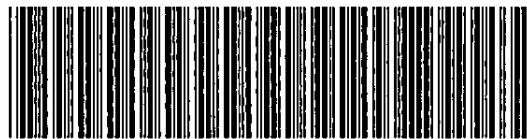
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/22/13--01023--012 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR 22 PM 1:38

Ps 4/20/13

COVER LETTER

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

SUBJECT: SETTA GROUP 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 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: JOHNSON & ASSOCIATES
Name (Printed or typed)

3600 S. STATE RD 7, SUITE 232
Address

MIRAMAR, FL 33023
City, State & Zip

305-318-1007
Daytime Telephone number

LMJ@ACCOUNTANT.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME SETTA GROUP INC

The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

7126 NW 123RD AVE
PARKLAND, FL 33076-4624

ARTICLE III PURPOSE ALL AND ANY LAWFUL BUSINESS

The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SALLY ARJOON, PRESIDENT Name and Title: _____

Address: 7126 NW 123RD AVE Address: _____
PARKLAND, FL 33076 Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)
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DIVISION OF CORPORATIONS

13 APR 22 PM 1:38

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:

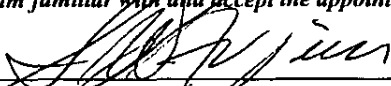
Name: SALLY ARJOON
Address: 7126 NW 123RD AVE
PARKLAND, FL 33076

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOHNSON & ASSOC
Address: 3600 S. STATE RD 7, STE 232
MIRAMAR, FL 33023

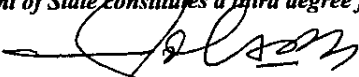
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

04/18/2013
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.



Required Signature/Incorporator

04/18/2013
Date