

P13000057504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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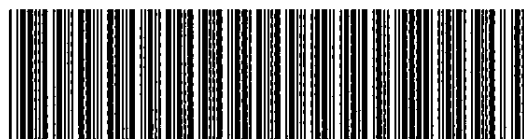
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 07/08/13

COVER LETTER

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

SUBJECT: **SAMANTHA KATE DESIGN, 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: **SAMANTHA GANNON**

Name (Printed or typed)

1690 SW 2ND AVENUE

Address

BOCA RATON, FL 33432

City, State & Zip

954-489-3008

Daytime Telephone number

MARYELLEN@LIGHTHOUSELIST.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)

ARTICLE I NAME

The name of the corporation shall be: SAMANTHA KATE DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1690 SW 2ND AVE

BOCA RATON, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAMANTHA GANNON

Name and Title: _____

Address 1690 SW 2ND AVE

Address: _____

BOCA RATON

FL 33432

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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(cont.)

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:

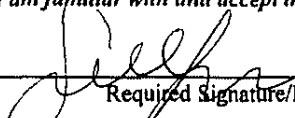
Name: SAMANTHA GANNON
Address: 1690 SW 2ND AVE
BOCA RATON, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

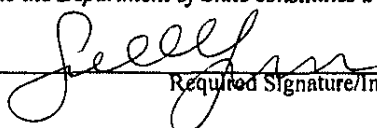
Name: SAMANTHA GANNON
Address: 1690 SW 2ND AVE
BOCA RATON, FL 33432

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

6/15/13
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

6/15/13
Date

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