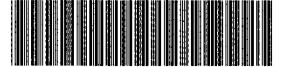
## P13000063224

(Re	questor's Name)	<u></u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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13 JUL 24 PK 4: 12

## COVER LETTER

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

SUBJECT: Ascentia Development Group, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i 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

FROM: James A Tallman			
Name (Printed or typed)			
1990 Main Street, Suite 750			
Address			
Sarasota, FL 34236			
City, State & Zip		بــ ن	
(941) 309-5383	( ,		
Daytime Telephone number		, 24	71
jtallman@ascentiagrp.com ✓		+ PH	
E-mail address: (to be used for future annual report notification)	120	÷.	
	一 芝西		

ADDITIONAL COPY REQUIRED

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)

	NCIPAL OFFICE Principal street address	Mailing ad	Mailing address, if different is:	
rasota; FL	treet, Suite 750 _ 34236			
ICLE III PUR urpose for which t	POSE he corporation is organized is: Any a	nd all lawful bus	siness	
ICLE IV SHA	IRES 100			
ICLE IV SHA		 RS		
ICLE V INI	IIAL OFFICERS AND/OR DIRECTO			
ICLE V INT	rial officers and/or directo. James A Tallman, Presider	Name and Title:		
ICLE V INI	rial officers and/or directo. : James A Tallman, Presiden 1990 Main Street			
ICLE V INT	James A Tallman, Presiden 1990 Main Street Suite 750	Name and Title:		
ICLE V INT	rial officers and/or directo. : James A Tallman, Presiden 1990 Main Street	Name and Title:	<u>ω</u> ω	
Name and Title Address	James A Tallman, Presiden 1990 Main Street Suite 750 Sarasota, FL 34236	Name and Title:Address:	<u> </u>	
Name and Title Address Name and Title	James A Tallman, Presider Suite 750 Sarasota, FL 34236 James A Tallman, Secretar	Name and Title:  Address:  Y Name and Title:	<u> </u>	
Name and Title Address	James A Tallman, President 1990 Main Street Suite 750 Sarasota, FL 34236 James A Tallman, Secretar 1990 Main Street	Name and Title:Address:	13 JUL 24	
Name and Title Address Name and Title	James A Tallman, President 1990 Main Street Suite 750 Sarasota, FL 34236 James A Tallman, Secretar 1990 Main Street Suite 750	Name and Title:  Address:  Y Name and Title:	<b>3</b>	
Name and Title Address Name and Title	James A Tallman, President 1990 Main Street Suite 750 Sarasota, FL 34236 James A Tallman, Secretar 1990 Main Street	Name and Title:  Address:  Y Name and Title:	13 JUL 24 TH	
Name and Title Address  Name and Title Address	James A Tallman, Presider Suite 750 Sarasota, FL 34236 James A Tallman, Secretar 1990 Main Street Suite 750 Sarasota, FL 34236 Sarasota, FL 34236	Name and Title:  Address:  Y Name and Title:  Address:	13 JUL 24 THE STATE	
Name and Title Address  Name and Title Address	James A Tallman, President 1990 Main Street Suite 750 Sarasota, FL 34236 James A Tallman, Secretar 1990 Main Street Suite 750	Name and Title:  Address:  Y Name and Title:  Address:  Name and Title:	13 JUL 24 THE STATE	

Address	····	Address:	
	*		
ARTICLE VI The name and Fl	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	James A Tallman		
Address:	1990 Main Street, Ste 750		
	Sarasota, FL 34236		
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	James A Tallman		
Address:	1990 Main Street, Ste 750		
Traditoss.	Sarasota, FL 34236		
	ned as registered agent to accept service of process am familiar with and accept the appointment as regi		
2	2 a ) d		7/20/2013
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony		
		• us provided for the story	7/20/2018
	Required Signature/Incorporator	<u></u>	Date C
			E 21
			LED LED LED
			LED LED SEE STATE SEE PLORID
			ILED 24 PM 4: 12 25 OF STATE SSEEL FLORIDA
			<i>;»</i>

Name and Title:\_\_\_\_\_\_ Name and Title:\_\_\_\_\_