



**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 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: James A Tallman  
Name (Printed or typed)

1990 Main Street, Suite 750  
Address

Sarasota, FL 34236  
City, State & Zip

(941) 309-5383  
Daytime Telephone number

jtallman@ascentiagr.com ✓  
E-mail address: (to be used for future annual report notification)

FILED  
13 JUL 24 PM 4: 12  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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: Ascentia Development Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 1990 Main Street, Suite 750  
Sarasota, FL 34236  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Any and all lawful business  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>James A Tallman, President</u>	Name and Title:	_____
Address	<u>1990 Main Street</u> <u>Suite 750</u> <u>Sarasota, FL 34236</u>	Address:	_____ _____ _____

Name and Title:	<u>James A Tallman, Secretary</u>	Name and Title:	_____
Address	<u>1990 Main Street</u> <u>Suite 750</u> <u>Sarasota, FL 34236</u>	Address:	_____ _____ _____

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

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TALLMAN ASSENTIA DEVELOPMENT GROUP, INC.  
STATE OF FLORIDA

(conti.)

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: James A Tallman  
 Address: 1990 Main Street, Ste 750  
Sarasota, FL 34236

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James A Tallman  
 Address: 1990 Main Street, Ste 750  
Sarasota, FL 34236

*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

7/20/2013  
 \_\_\_\_\_  
 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

7/20/2013  
 \_\_\_\_\_  
 Date

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 DEPARTMENT OF STATE  
 TALLASSEE, FLORIDA