

P14 000067077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

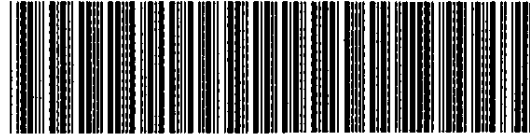
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG -7 PM 4:46

APPROVAL  
AND  
FILED

VH

## COVER LETTER

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

**SUBJECT:** Son Hospitality Consulting, 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:** Jodi Cross

\_\_\_\_\_  
Name (Printed or typed)

136 Sandbar Drive

\_\_\_\_\_  
Address

Jupiter, FL 33477

\_\_\_\_\_  
City, State & Zip

305-439-6712

\_\_\_\_\_  
Daytime Telephone number

Jcross@crossnm.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Son Hospitality Consulting, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

136 Sandbar Drive

Jupiter, FL 33477

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Hospitality Consulting Company providing fee based services to a variety of hotels, resorts and

**ARTICLE IV SHARES**

The number of shares of stock is: 150

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

Name and Title: Jodi Cross/Principal

Address 136 Sandbar Drive

Jupiter, FL 33477

Name and Title: Mylene Young/Principal

Address: 105 Grovers Ave-Unit 12

Winthrop, MA 02152

Name and Title: Stephanie Sonnabend/Principal

Address 586 Lyons Lane

Longboat Key, FL 34228

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

Address: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address: \_\_\_\_\_

APPROVED  
AND  
FILED

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: 14 AUG -7 PM 4:46  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jodi Cross  
Address: 136 Sandbar Drive  
Jupiter, FL 33477

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jodi Cross  
Address: 136 Sandbar Drive  
Jupiter, FL 33477

*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*

Jodi Cross 8/4/14  
Required Signature/Registered Agent 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.*

Jodi Cross 8/4/14  
Required Signature/Incorporator Date