

PI S 0000 63720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

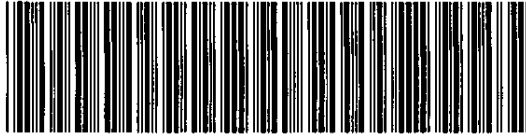
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUL 29 2015

SCOTT



200274716792

07/24/15--01007--033 **87.50

15 JUL 24 AM 8:39

RECEIVED

COVER LETTER

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

SUBJECT: SOCIAL PLANNING, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: RHONDA BARDSLEY
Name (Printed or typed)

717 3RD STREET NW
Address

STEINHATCHEE, FL 32359
City, State & Zip

352-317-3565
Daytime Telephone number

rhondabardsley@gmail.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: SOCIAL Planning, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

717 3RD STREET NW
STEINHATCHEE, FL 32359

P.O. Box 65
STEINHATCHEE, FL 32359

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Provide planning services for corporate and individual social and professional events.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rhonda Bardsley, President Name and Title:

Address: 717 3RD STREET NW Address: P.O. Box 65 Steinhatchee, FL 32359

Name and Title: Rhonda Bardsley, Sec. Name and Title:

Address: 717 3RD STREET NW Address: P.O. Box 65 Steinhatchee, FL 32359

Name and Title: Name and Title:

Address: Address:

15 JUL 24 AM 8:39

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: Rhonda Bardsley
Address: 717 3RD STREET NW
STEINHATCHEE, FL 32359

ARTICLE VII INCORPORATOR

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

Name: Rhonda Bardsley
Address: PO Box 65
Steinhatchee, FL 32359

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Rhonda Bardsley _____ 07.10.15
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.

Rhonda Bardsley _____ 07.10.15
Required Signature/Incorporator Date