

N070000008705

(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:

ASSIST TO SWYN GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Articles  
DATE 9/5/07  
DOC. EXAM D. White

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. WHITE SEP -5 2007

## COVER LETTER

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

**SUBJECT:** International Society of Customer Experience Management Inc  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** Lawrence Swan  
Name (Printed or typed)

709 Cape Coral Pkwy West  
Address

Cape Coral FL 33914  
City, State & Zip

239-540-2612  
Daytime Telephone number

**239-540-4352**

**NOTE:** Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

International Society of Customer Experience Management Inc

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

13650 Fiddlesticks Blvd Suite 202-284 Ft Myers Fl 33912

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Provide an International forum for the sharing of information pertaining to the management of customer experience.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

AS STATED IN  
BY LAWS

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

List name(s), address(es) and specific title(s):

Michael Schrider of 13650 Fiddlesticks Blvd Suite 202-284 Ft Myers Fl 33912 President  
Kolleen Schrider of 13650 Fiddlesticks Blvd Suite 202-284 Ft Myers Fl 33912 VP / Secretary

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Lawrence Swan of Caloosehatche Tax & Financial Services Inc  
709 Cape Coral Pkwy West Cape Coral Florida 33914

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

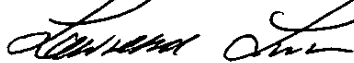
Michael Schrider of 13650 Fiddlesticks Blvd Suite 202-284 Ft Myers Fl 33912

Article VIII

Effective date will be September 1st 2007

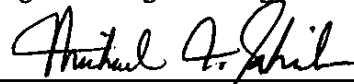
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

8-28-07  
Date



Signature/Incorporator

8-28-07  
Date