

P11000038938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

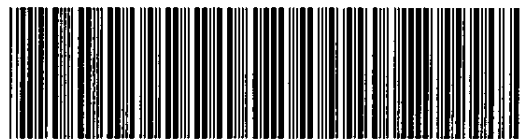
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500200643385

04/08/11--01013--011 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 21 PM 12:31

APPROVED  
AND  
FILED

4/22

Q/A

611000020375

COVER LETTER

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

SUBJECT: PHILIP SPARKLING ASSOCIATES LTD  
(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 LEONARD E MASON - LEMS ACCOUNTING SERVS  
Name (Printed or typed)  
4204 FOSTER AVENUE  
Address  
BROOKLYN NEW YORK 11203  
City, State & Zip  
(718) 462-0058  
Daytime Telephone number  
MLEM42@AOL.COM  
E-mail address: (to be used for future annual report notification)

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



RECEIVED

11 APR 21 AM 10:57

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 11, 2011

LEONARD E MASON  
4204 FOSTER AVE  
BROOKLYN, NY 11203

SUBJECT: CHRIS SPRALDING ASSOCIATES LTD  
Ref. Number: W11000020375

We have received your document for CHRIS SPRALDING ASSOCIATES LTD and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 311A00008737

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: CHAS SPALDING ASSOCIATES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 4821 SW 163RD AVENUE  
FORT LAUDERDALE, FLORIDA 33331  
Mailing address, if different is: SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ENGAGE IN LAWFUL ACTS OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER BUSINESS CORPORATIONS LAW. THE CORPORATION IS NOT FORMED TO ENGAGE IN ANY ACT OR ACTIVITY REQUIRING THE CONSENT OR APPROVAL OF ANY STATE OFFICIAL, DEPARTMENT, BOARD, AGENCY OR OTHER BODY.

**ARTICLE IV SHARES**

The number of shares of stock is: 200 SHARES WITH OUT PAR VALUE

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

Name and Title: CHRISTOPHER SPALDING - PRES Name and Title: \_\_\_\_\_  
Address: 4821 SW 163RD AVENUE Address: \_\_\_\_\_  
FORT LAUDERDALE, FL 33331

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

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: CHRISTOPHER SPALDING - PRESIDENT  
Address: 4821 SW 163RD AVENUE  
FORT LAUDERDALE, FLORIDA 33331

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: CHRISTOPHER SPALDING - PRESIDENT  
Address: 4821 SW 163RD AVENUE  
FORT LAUDERDALE, FL 33331

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

f [Signature]  
Required Signature/Registered Agent

03/06/2011  
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.

x [Signature]  
Required Signature/Incorporator

03/06/2011  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 21 PM 12:31

FILED