

P11000051296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

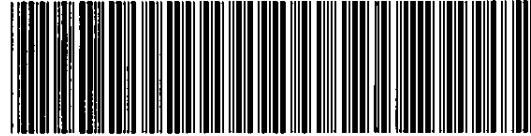
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100208193541

05/31/11--01016--010 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 31 AM 10:12

PS 6/1/11

COVER LETTER

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

SUBJECT: SAUGRASS DESIGN, 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: Leonard SHEINER
Name (Printed or typed)
8347 NW 43rd Street
Address
Coral Springs, FL 33065-1304
City, State & Zip
954-551-2278
Daytime Telephone number
saw4des@smail.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:

SAOGRASS DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8347 NW 43rd Street
Coral Springs, FL 33065-1304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Market corporate designed products.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leonard Sheiner President
Address: 8347 N. W. 43rd St.
Coral Springs, FL 33065

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Leonard Sheiner
Address: 8347 NW 43rd St.
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leonard Sheiner
Address: 8347 NW 43rd St.
Coral Springs, FL 33065

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

Leonard Sheiner

Required Signature/Registered Agent

5/25/2011
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.

Leonard Sheiner

Required Signature/Incorporator

5/25/2011
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 31 AM 10:12