

# P12000045294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

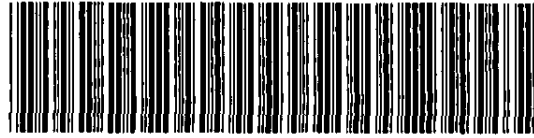
(Business Entity Name)

(Document Number)

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

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12 MAY 15 PM 3:02

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

12 MAY 15 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ 05/15/12

## COVER LETTER

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

SUBJECT: **SD Embroidery & Screening**

(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: **Logan Lane**

Name (Printed or typed)

**2915 E. Park Ave #6**

Address

**Tallahassee, FL 32301**

City, State & Zip

**850-656-3200**

Daytime Telephone number

**logan@signdesignpromotionals.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:

SD Embroidery & Screening, Inc. FEI # 45-5223799

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2915 E. Park Ave #6  
Tallahassee, FL 32301

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To produce embroidered and ink screened clothing items for resale.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Logan Lane, President  
Address: 2915 E. Park Ave #6  
Tallahassee, FL 32301

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

Name and Title: Michael Tucker, Vice President  
Address: 2915 E. Park Ave #6  
Tallahassee, FL 32301

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: Logan Lane  
Address: 2915 E. Park Ave #6  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Logan Lane  
Address: 2915 E. Park Ave #6  
Tallahassee, FL 32301

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.

\_\_\_\_\_  
Required Signature/Registered Agent

5-15-12

\_\_\_\_\_  
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.

\_\_\_\_\_  
Required Signature/Incorporator

5-15-12

\_\_\_\_\_  
Date

FILED  
12 MAY 15 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA