

P12000052076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

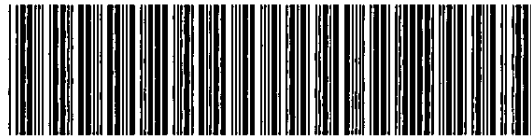
(Document Number)

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W1200002899



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05/23/12--01016--019 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN -6 PM 3:37

6/7/12

COVER LETTER

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

SUBJECT: Schroeder Associates, 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: Gary A. Schroeder

Name (Printed or typed)

5363 Whispering Pine Circle

Address

St. Cloud, FL 34771

City, State & Zip

7274157924

Daytime Telephone number

SalesForceCompensation@gmail.com

E-mail address: (to be used for future annual report notification)

12 JUN -6 PM 3:37

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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



RECEIVED

JUN -6 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2012

GARY A. SCHROEDER
5363 WHISPERING PINE CIRCLE
ST. CLOUD, FL 34771

SUBJECT: SCHROEDER ASSOCIATES, INC.
Ref. Number: W12000028919

We have received your document for SCHROEDER ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 912A00015219

Sales Incorporated Inc.

Salescom Inc

Sales Force Computer Inc

Sales Compensation Inc

Gary Schroeder Inc.

GA Schroeder Associates Inc

G Schroeder Associates Inc

G. Schroeder Assoc.

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: G. Schroeder Associates Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
5363 Whispering Pine Circle
St. Cloud, FL 34771

12 JUN -6 PM 3: 37
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Management Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary A. Schroeder, President
Address: 5363 Whispering Pine Circle
St. Cloud, FL 34771

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:

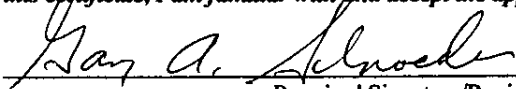
Name: Gary A. Schroeder
Address: 5363 Whispering Pine Circle
St. Cloud, FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gary A. Schroeder
Address: 5363 Whispering Pine Circle
St. Cloud, FL 34771

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

6/2/2012

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

6/2/2012

Date