

P/2000067877

(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



100238078851

08/03/12--01019--004 **87.50

FILED
12 AUG -3 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 08/06/12

COVER LETTER

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

SUBJECT: Spatial Business, 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: Vanita Verma

Name (Printed or typed)

6472 SW 8 CT

Address

North Lauderdale, FL 33068

City, State & Zip

954-296-0961

Daytime Telephone number

vverma@spatialbusinessinc.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

Spatial Business, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6472 SW 8 CT
North Lauderdale
FL 33068

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional consulting in areas of business management and geographic information systems.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|-----------------------|
| Name and Title: <u>Vanita Verma, CEO/President</u> | Name and Title: _____ |
| Address: <u>6472 SW 8 CT</u> | Address: _____ |
| <u>North Lauderdale, FL 33068</u> | _____ |

| | |
|---|-----------------------|
| Name and Title: <u>Ashok Verma, VP Operations</u> | Name and Title: _____ |
| Address: <u>6472 SW 8 CT</u> | Address: _____ |
| <u>North Lauderdale, FL 33068</u> | _____ |

| | |
|-----------------------|-----------------------|
| 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:

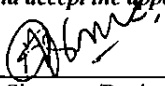
Name: Ashok Verma
Address: 6472 SW 8 CT
North Lauderdale, FL 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vanita Verma
Address: 6472 SW 8 CT
North Lauderdale, FL 33068

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

7/31/2012

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

7/31/2012

Date

12 AUG -3 PM 2:33
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA