

P12000070080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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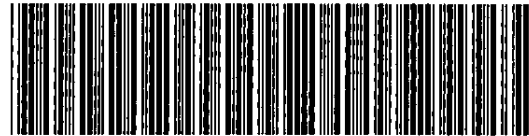
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/14/12--01010--003 **70.00

12 AUG 14 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Sempany Sales Management, 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: Pickrel, Schaeffer & Ebeling, Co., LPA
Name (Printed or typed)

2700 Kettering Tower, 40 N. Main Street
Address

Dayton, OH 45423
City, State & Zip

937-223-1130
Daytime Telephone number

jsamaan@pselaw.com
E-mail address: (to be used for future annual report notification)

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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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: Sempany Sales Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>620 Thomas Street</u>	<u>Same</u>
<u>Unit 187</u>	
<u>Key West, FL 33040</u>	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Aany and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Kevin Smith</u>	Name and Title: _____
Address: <u>620 Thomas Street</u>	Address: _____
<u>Unit 187</u>	_____
<u>Key West, FL 33040</u>	_____
 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: Kevin Smith
Address: 620 Thomas Street, Unit 187
Key West, FL 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin Smith
Address: 620 Thomas Street, Unit 187
Key West, FL 33040

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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

Kevin A. Smith

Required Signature/Registered Agent

8-3-2012

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.

Kevin A. Smith

Required Signature/Incorporator

8-3-2012

Date