

P12000071447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

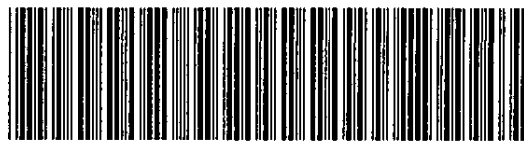
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/06/12--01027--010 \*\*78.75

FILED  
12 AUG 17 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-41230

T. Burch AUG 20 2012

## COVER LETTER

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

SUBJECT: Setag, 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: Chris Anderson  
Name (Printed or typed)  
1405 Montclair Ct  
Address  
Orlando, FL 32812  
City, State & Zip  
407/230-5094  
Daytime Telephone number  
Chrislax67@aol.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 AUG 17 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 7, 2012

CHRIS ANDERSON  
1405 MONTCLAIR CT  
ORLANDO, FL 32812

SUBJECT: SETAG, INC.  
Ref. Number: W12000041230

We have received your document for SETAG, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a 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.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 612A00020430

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Setag, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1405 Montclair Ct  
Orlando, FL 32812

Mailing address, if different is

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Management, Gate repairs, Access systems,  
CCTV, Maintenance.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 One hundred

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

Name and Title:

Address:

Chris Anderson Pres  
20 Nancy Lee Ave  
Orlando FL 32812

Name and Title:

Address:

Name and Title:

Address:

Laura Mills VP  
1405 Montclair Ct  
Orlando FL 32812

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:

Address:

Chris Anderson  
20 Nancy Lee Ave  
Orlando FL 32812

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Address:

Laura Mills  
1405 Montclair Ct  
Orlando FL 32812

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

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

Date