

P12000087462

(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

091-2553-021-611-619
W12000043967



800238747978

08/22/12--01011--008 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 12 PM 4:18

10/16/12

COVER LETTER

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

SUBJECT: SBPC Systems Sobe Privilege Card 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: Mickael Saubeyrand - Dunston
Name (Printed or typed)

2301 Collins Avenue #318
Address

Miami Beach, FL 33139
City, State & Zip

786-554-6531
Daytime Telephone number

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

12 OCT 12 PM 4: 18

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DIVISION OF CORPORATIONS

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2012

MICKAEL SOUBEYRAND-DUNSTON
2301 COLLINS AVENUE #318
MIAMI BEACH, FL 33139

SUBJECT: SBPC SYSTEMS SOBE PRIVILEGE CARD INC.
Ref. Number: W12000043967

We have received your document for SBPC SYSTEMS SOBE PRIVILEGE CARD 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):

You failed to make the correction(s) requested in our previous letter.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

You may file using only one (1) registered agent and only one (1) must sign accepting the designation.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 212A00023965

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 12 PM 4:18



FLORIDA DEPARTMENT OF STATE

Division of Corporations

RECEIVED
12 SEP 24 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 23, 2012

MICKAEL SOUBEYRAND-DUNSTON
2301 COLLINS AVENUE #318
MIAMI BEACH, FL 33139

SUBJECT: SBPC SYSTEMS SOBE PRIVILEGE CARD INC.
Ref. Number: W12000043967

We have received your document for SBPC SYSTEMS SOBE PRIVILEGE CARD 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 is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 112A00021706

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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: SBPC Systems SoBe Privilege Card Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2301 Collins Ave Unit 318
Miami Beach, FL 33139

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We provide a wide range of services and it is always growing due to very creative and determined team of professionals in many different sectors and locations worldwide. Our community allows us to provide extensive services to consumers as well as businesses worldwide. From privilege discounts to life management options such as chauffers to providing a Triple Threat Plan for businesses to profit using loyalty programs and 360 marketing solutions.

ARTICLE IV SHARES

The number of shares of stock is: 12

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mickael Soubeyrand Durston
Address: CEO

2301 Collins Ave #318
Miami Beach, FL 33139

Name and Title: Scheneca Sardine Soubeyrand
Address: Executive Director

2301 Collins Ave #318
Miami Beach, FL 33139

Name and Title: Ryan Martin
Address: Shareholder

1621 Bay Rd Apt 902
Miami Beach, FL 33139

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: Mickael Soubeyrand Durston
Address: 2301 Collins Ave #318
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scheneca Sardine
Address: 2301 Collins Ave #318
Miami Beach, FL 33139

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

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9/9/2012
Date

9/9/2012
Date