

P13000003010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

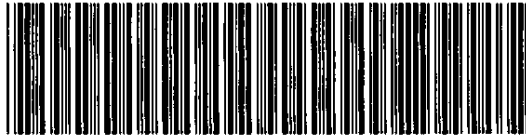
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900242935589

01/08/13--01017--008 \*\*78.75

13 JAN -8 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/9

## COVER LETTER

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

SUBJECT: **Seven C's Mgmt Co.**

(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **Aleksandra Krasinski**

Name (Printed or typed)

**1275 Barclay Blvd.**

Address

**Buffalo Grove, IL 60089**

City, State & Zip

**847-495-3076**

Daytime Telephone number

**Aleksandra.Krasinski@STA-IS.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**

The name of the corporation shall be: **Seven C's Mgmt.Co.**

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
657 SW 9th Terrace  
Pompano Beach, FL 33069

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To act as a management company.

### **ARTICLE IV SHARES**

The number of shares of stock is: **1,000**

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

Name and Title: Keith Cunningham/Director

Name and Title: \_\_\_\_\_

Address: 657 SW 9th Terrace  
Pompano Beach, FL 33069

Address: \_\_\_\_\_

Name and Title: Warren Munroe

Name and Title: \_\_\_\_\_

Address: 657 SW 9th Terrace  
Pompano Beach, FL 33069

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:

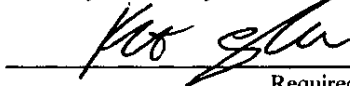
Name: Warren Munroe  
Address: 657 SW 9th Terrace  
Pompano Beach, FL 33069

### **ARTICLE VII INCORPORATOR**

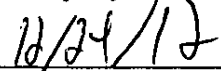
The name and address of the Incorporator is:

Name: Warren Munroe  
Address: 657 SW 9th Terrace  
Pompano Beach, FL 33069

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

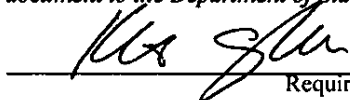


Required Signature/Registered Agent



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

FILED  
13 JAN -8 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA