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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **POSH & 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
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: **Roshelle Marie Sagarra**

Name (Printed or typed)

4551 NW 70th Ave.

Address

Lauderhill, Florida 33319

City, State & Zip

954-292-5646

Daytime Telephone number

rms09@my.fsu.edu

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: POSH and Company, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

235 S. Ocala Rd.

#5303

Tallahassee, FL 32304-3204

Mailing address, if different is:

4551 NW 70th Ave.

Lauderhill, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting, marketing and public relashions

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roshelle M. Sagarra, Pres.

Address: 4551 NW 70th Ave.
Lauderhill, FL 33319

Name and Title: Janice Cruz, Sec

Address: 4551 NW. 70th Ave.
Lauderhill, FL 33319

Name and Title: Joe Sagarra, Sec.

Address: 4551 NW 70th Ave.
Lauderhill, FL 33319

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(cont.)

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Name and Title: _____ Name and Title: 13 JAN 18 PM 4:34
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Roshelle M. Sagarra
Address: 235 S. Ocala Rd #5303
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roshelle M. Sagarra
Address: 235 S. Ocala Rd #5303
Tallahassee, FL 32304

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

R Sagarra
Required Signature/Registered Agent

01/18/13
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.

R Sagarra
Required Signature/Incorporator

01/18/2013
Date

