

P130000011445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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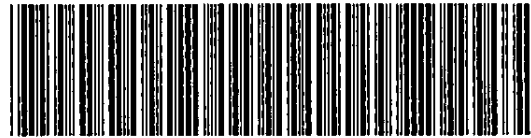
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: 876 Concierge Services 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: SHANNA McMASTER
Name (Printed or typed)

7920 HAMPTON BLVD, APT 805
Address

NORTH LAUDERDALE, FL 33068
City, State & Zip

(813) 954-397-1455
Daytime Telephone number

876conciergeservices@gmail.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: 876 Concierge Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7920 Hampton Blvd

Apartment #805

North Lauderdale, FL 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is
organized to provide any lawful
service to the population.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shanna McMaster Name and Title: _____

Address: Resident Address: _____

7920 Hampton Blvd #805

North Lauderdale, FL 33068

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(cont.)

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

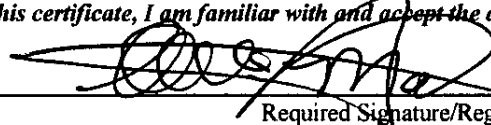
Name: Shanna Mcmaster
Address: 7920 Hampton Blvd #805
N. Lauderdale, FL 33068

ARTICLE VII INCORPORATOR

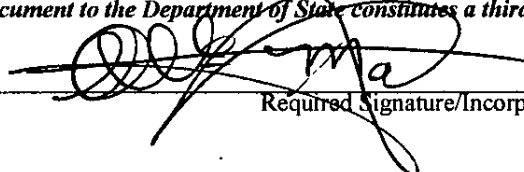
The **name and address** of the Incorporator is:

Name: Shanna Mcmaster
Address: 7920 Hampton Blvd #805
N. Lauderdale, FL 33068

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

 21.01.13
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.

 21.01.13
Required Signature/Incorporator Date