

P1300036531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

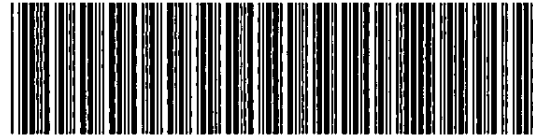
(Business Entity Name)

(Document Number)

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

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04/22/13--01023--012 \*\*70.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 APR 22 PM 1:38

Ps 4/20/13

## COVER LETTER

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

SUBJECT: **SETTA GROUP 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: **JOHNSON & ASSOCIATES**

Name (Printed or typed)

**3600 S. STATE RD 7, SUITE 232**

Address

**MIRAMAR, FL 33023**

City, State & Zip

**305-318-1007**

Daytime Telephone number

**LMJ@ACCOUNTANT.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)

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**ARTICLE I NAME**

The name of the corporation shall be: **SETTA GROUP INC**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**7126 NW 123RD AVE  
PARKLAND, FL 33076-4624**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **ALL AND ANY LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **SALLY ARJOON, PRESIDENT**

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

Address **7126 NW 123RD AVE**

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

**PARKLAND, FL 33076**

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

(cont.)  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 APR 22 PM 1:38

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:

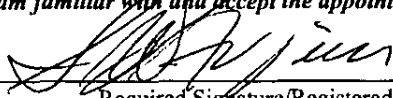
Name: SALLY ARJOON  
Address: 7126 NW 123RD AVE  
PARKLAND, FL 33076

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHNSON & ASSOC  
Address: 3600 S. STATE RD 7, STE 232  
MIRAMAR, FL 33023

*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*

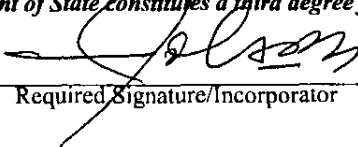


Required Signature/Registered Agent

04/18/2013

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

04/18/2013

Date