

P13000060268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

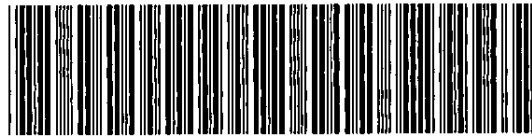
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13 36825

Office Use Only



300249103063

06/25/13--01006--003 **87.50

FILED
13 JUL 15 PM 12:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

144

COVER LETTER

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

SUBJECT: **SPK, 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 ☐ \$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: **Paul Lahr**

Name (Printed or typed)

1720 Pacific Ave, Apartment 247

Address

Venice, CA 90291

City, State & Zip

320-420-7424

Daytime Telephone number

paullahr@yahoo.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2013

PAUL LAHR
1720 PACIFIC AVE
APARTMENT 247
VENICE, CA 90291

SUBJECT: SPK, INC.
Ref. Number: W13000036825

We have received your document for SPK, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 913A00016000

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:

Sean P. Kushner, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4300 NW 26th CT

Boca Raton, FL 33434

Mailing address, if different is:

1720 Pacific Ave, Apt 247

Venice, CA 90291

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide consulting services to individuals that
need assistance with recovery and addiction.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sean P. Kushner, President

Address: 4300 NW 26th CT
Boca Raton, FL 33434

Name and Title: Sean P. Kusher, Treasurer

Address: 4300 NW 26th CT
Boca Raton, FL 33434

Name and Title: Paul Lahr, Secretary

Address: 1720 Pacific Ave, Apt 247
Venice, CA 90291

Name and Title: Sean P. Kushner, Director

Address: 4300 NW 26th CT
Boca Raton, FL 33434

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
13 JUL 15 PM 12:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

FILED

Name and Title: _____ Name and Title: 13 JUL 15 PM 12:47
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: Sean P. Kushner
Address: 4300 NW 26th CT
Boca Raton, FL 33434

ARTICLE VII INCORPORATOR

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

Name: Sean P. Kushner
Address: 4300 NW 26th CT
Boca Raton, FL 33434

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

6/15/13
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.

Required Signature/Incorporator

6/15/13
Date