

P13000065922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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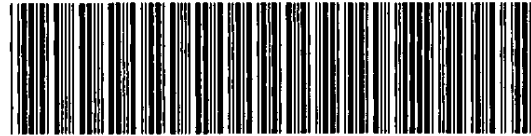
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/07/13--01008 -003 **78.75

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13 AUG 7 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
8/12/13

COVER LETTER

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

SUBJECT: Saxon Events 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Gregory Stephens

Name (Printed or typed)

309 Hayes Rd

Address

Lutz Fl ,33549

City, State & Zip

813-997-7333

Daytime Telephone number

suncoastcabinets@yahoo.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: Saxon Events Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

200 S Saxon Ave.

Brooksville Fl, 33601

Mailing address, if different is:

309 Hayes Rd.

Lutz FL, 33549

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For the purpose of Property Rental for special events.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory Stephens/President

Address: 309 Hayes Rd
Lutz FL, 33549

Name and Title: Dorothea Stephens/Vice President

Address: 309 Hayes Rd.
Lutz Fl 33549

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(cont.)

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Name and Title: _____

Name and Title: _____

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: Gregory Stephens

Address: 309 Hayes Rd
Lutz FL 33549

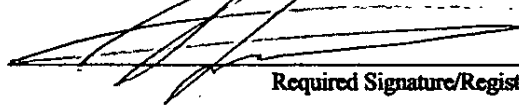
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gregory Stephens

Address: 309 Hayes Rd
Lutz FI 33549

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

8-01-2013

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

8-01-2013

Date