

P/B0000085749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

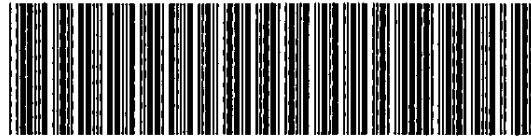
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200252728222

10/18/13--01007--002 **70.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 18 PM 2:22

[Handwritten signature]
10-2/13

COVER LETTER

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

SUBJECT: SET Professional 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 ☐ \$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: Stephen Tsolkas

Name (Printed or typed)

2032 Montego Ct

Address

Oldsmar, FL 34677

City, State & Zip

727-251-5125

Daytime Telephone number

ste03inc@aim.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: SET Professional Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2032 Montego Ct

Oldsmar, FL 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Marketing and sales consulting services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen Tsolkas CEO

Name and Title: _____

Address 2032 Montego Ct
Oldsmar, FL 34677

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 18 PM 2:22

(cont.)

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:

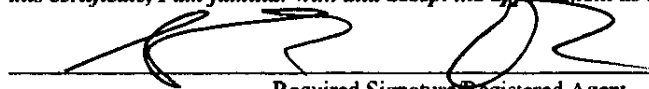
Name: Stephen Tsolkas
Address: 2032 Montego Ct
Oldsmar, FL 34677

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephen Tsolkas
Address: 2032 Montego Ct
Oldsmar, FL 34677

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

10/16/13

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

10/16/13

Date