

P14000017194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

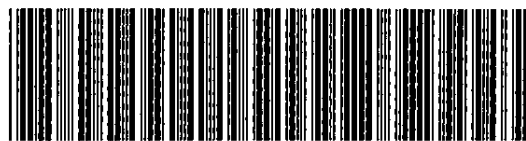
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/24/14--01017--002 **70.00

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14 FEB 24 PM 2:10
SECRETARY OF STATE
ALABAMA STATE FLORIDA

MD 2/25

COVER LETTER

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

SUBJECT: Spot Me There, 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: Paul Cappola

Name (Printed or typed)

320 Mears Blvd.

Address

Oldsmar, FL 34677

City, State & Zip

813-454-1842

Daytime Telephone number

paul@cappola.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: Spot Me There, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

320 Mears Blvd.

Oldsmar, FL 34677

Mailing address, if different is:

32 Mears Blvd.

Oldsmar, FL 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engaged in the business of online media content.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Cappola - President

Address: 320 Mears Blvd.

Oldsmar, FL 34677

Name and Title: Paul Cappola - Tres.

Address: 320 Mears Blvd.

Oldsmar, FL 34677

Name and Title: Paul Cappola - Sec.

Address: 320 Mears Blvd.

Oldsmar, FL 34677

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti)

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: Paul Cappola

Address: 320 Mears Blvd.

Oldsmar, FL 34677

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FLORIDA

ARTICLE VII INCORPORATOR

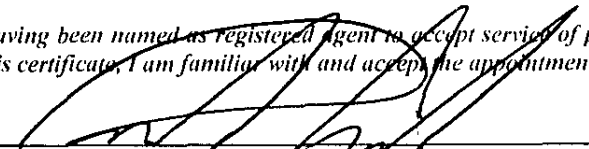
The name and address of the Incorporator is:

Name: Paul Cappola

Address: 320 Mears Blvd.

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

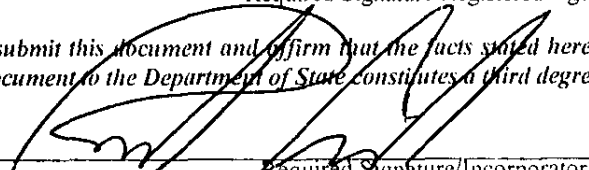


Required Signature/Registered Agent

2/18/2014

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

2/18/2014

Date