

P14000034352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

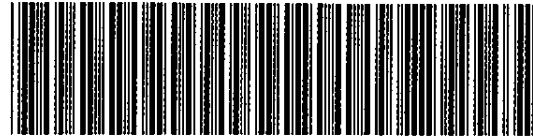
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 4/17

## COVER LETTER

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

**SUBJECT: Southeast Marketing 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: Jerry Hubbard**

Name (Printed or typed)

**197 SW 7th Ter**

Address

**Boca Raton, FL 33486**

City, State & Zip

**561 213 0424**

Sales Order:

PO:

Daytime Telephone number

**jerry@promotionalservices.net**

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

Date:

Invoice Number:

**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: Southeast Marketing Services Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different

11205 Lakeview Dr  
Coral Springs, FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Premium and Incentive Sales representative agency

**ARTICLE IV SHARES 10**

The number of shares of stock is: 10

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

Name and Title: Tom Ziomek President

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

Address 11205 Lakeview Dr  
Coral Springs, FL 33071

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

Name and Title: Careen Hubbard Vice President

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

Address 197 SW 7th Ter  
Boca Raton, FL 33486

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

Name and Title: Jerry Hubbard Secretary Treasurer

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

Address 197 SW 7th Ter  
Boca Raton, FL 33486

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

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TALLAHASSEE, FLORIDA

(conti.)

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jerry Hubbard

Address: 197 SW 7th Ter

Boca Raton, FL 33486

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jerry Hubbard

Address: 197 SW 7th Ter

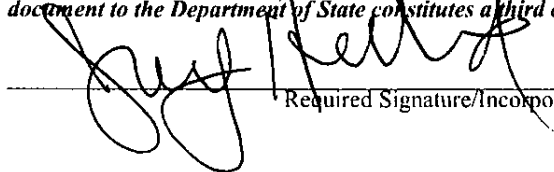
Boca Raton, FL 33486

*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

04-12-14  
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

04-12-14  
Date