

P140000 50465

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\*CS  
6/12/14

## COVER LETTER

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

SUBJECT: **Pockys Management Co.**

(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: **Aleksandra Krasinski**

Name (Printed or typed)

**1275 Barclay Blvd.**

Address

**Buffalo Grove, IL 60089**

City, State & Zip

**847-495-3076**

Daytime Telephone number

**Aleksandra.Krasinski@STA-IS.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: Pockys Management Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3291 S US Highway 19

Perry, FL 32348

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To act as a management company.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Thomas A. Swain/Director

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

Address: 3291 S US Highway 19

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

Perry, FL 32348

Name and Title: Linda G. Lawson

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

Address: 3291 S US Highway 19

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

Perry, FL 32348

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

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

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

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

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DIVISION OF CORPORATIONS  
14 JUN - 9 PM 1:01

(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: Thomas A. Swain

Address: 3291 S US Highway 19

Perry, FL 32348

**ARTICLE VII INCORPORATOR**

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

Name: Thomas A. Swain

Address: 3291 S US Highway 19

Perry, FL 32348

*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*

Thomas A. Swain

Required Signature/Registered Agent

6/3/2014

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.*

Thomas A. Swain

Required Signature/Incorporator

6/3/2014

Date