

P14000050486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

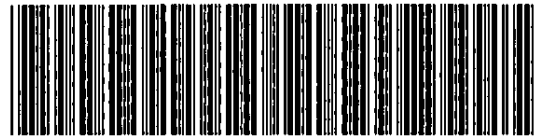
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/14--01013--013 **70.00

APPROVED
AND
FILED
14 JUN 11 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Shop Savvy Broward, 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
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FROM: Daniel J. Brams, Esq.
Name (Printed or typed)
500 South Australian Ave., Ste. 800
Address
West Palm Beach, Florida 33401
City, State & Zip
561-659-0551
Daytime Telephone number
samgenmediagroup@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Shop Savvy Broward, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

16713 Sapphire Ct.

Weston, Florida 33331

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS
TALLAHASSEE, FLORIDA

P.O. Box 267331

Ft. Lauderdale, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES 200

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel D. Nielsen, PSTD

Name and Title: _____

Address 16713 Sapphire Ct.

Address: _____

Weston, FL 33331

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

(cont.)

14 JUN 11 PM 2:34

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: Samuel D. Nielsen
Address: 16713 Sapphire Ct.
Weston, Florida 33331

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Daniel J. Brams, Esq.
Address: 500 South Australian Ave., Ste. 800
West Palm Beach, FL 33401

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

 6/5/14
Required Signature/Registered Agent 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.

 6-6-14
Required Signature/Incorporator Date