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APPROVED  
AND  
FILED

14 JUN 11 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/14

## 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  
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: 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)

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**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**

The number of shares of stock is: 200

**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: \_\_\_\_\_

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AND  
FILED

(cont.)

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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*

<u></u>	<u>6/5/14</u>
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.*

<u></u>	<u>6-6-14</u>
Required Signature/Incorporator	Date