

P14000081165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-52334

Office Use Only



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08/22/14--01012--022 **70.00

SECRETARY OF STATE
TALL ADAMS
11/11/14

14 OCT - 1 AM 9:22

APPROVED
AND
FILED

11/14

COVER LETTER

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

SUBJECT: Small Business Marketing Association, 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: Cecil Jones

Name (Printed or typed)

7512 Dr. Phillips Blvd, Suite 50522

Address

Orlando, FL 32819

City, State & Zip

321-394-8685

Daytime Telephone number

info@sbmaonline.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2014

CECIL JONES
7512 DR. PHILLIPS BLVD, SUITE 50522
ORLANDO, FL 32819

SUBJECT: SMALL BUSINESS MARKETING ASSOCIATION, INC.
Ref. Number: W14000052334

We have received your document for SMALL BUSINESS MARKETING ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 614A00018353

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: Small Business Marketing Association, Inc.

14 OCT -1 AM 9:22

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7512 Dr. Phillips Blvd

Suite 50522

Orlando, FL 32819

SECRETARY OF STATE
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide marketing, advertising,
and consulting to small businesses, & network marketers

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cecil Jones, Dir, President, Treasurer

Name and Title: n/a

Address 7512 Dr. Phillips Blvd

Address: _____

Suite 50522

Orlando, FL 32819

Name and Title: n/a

Name and Title: n/a

Address _____

Address: _____

Name and Title: n/a

Name and Title: n/a

Address _____

Address: _____

APPROVED
AND
FILED

(conti.)

14 OCT -1 AM 9:22

Name and Title:

N/A

Name and Title:

N/A

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:

Cecil Jones

Address:

7512 Dr. Phillips Blvd

Ste 50522, Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

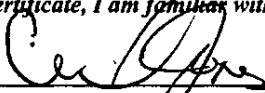
Cecil Jones

Address:

7512 Dr. Phillips Blvd, ste 50522

Orlando, FL 32819

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

8/19/14

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

8/19/14

Date