

PH000081541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

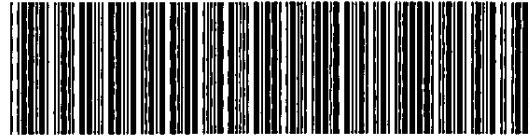
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100263648761

09/08/14--01014--022 **78.75

RECEIVED
OFFICE OF THE
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

14 OCT -3 PM 3:21

FILED

WK-55017 CMD 10/6

COVER LETTER

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

SUBJECT: Sweet Sadie Computer Repairs 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: Evelyn Hargrave
Name (Printed or typed)

1822 meadow Pond Way
Address

Orlando, FL 32824
City, State & Zip

407-919-9408
Daytime Telephone number

evelynhargrave2010@gmail.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

September 9, 2014

EVELYN HARGRAVE
1822 MEADOW POND WAY
ORLANDO, FL 32824

SUBJECT: SWEET SADIE COMPUTER REPAIRS, INC.
Ref. Number: W14000055017

We have received your document for SWEET SADIE COMPUTER REPAIRS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 114A00019233



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2014

EVELYN HARGRAVE
1822 MEADOW POND WAY
ORLANDO, FL 32824

SUBJECT: SWEET SADIE COMPUTER REPAIRS, INC.
Ref. Number: W14000055017

We have received your document for SWEET SADIE COMPUTER REPAIRS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Do not list percentages (%). List only the number of shares authorized.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 114A00019233

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: Sweet Sadie Computer Repairs, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1822 Meadow Pond Way
Orlando, FL 32824

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Computer repairs,
other electronic repairs.

ARTICLE IV SHARES

The number of shares of stock is:

100 ^{Ent}

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address

Name and Title:

Address:

Evelyn Hargrave/CEO
1822 Meadow Pond Way
Orlando, FL 32824

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

FILED
14 OCT -3 PM 3:21
CLERK OF DISTRICT COURT
JANUARY 1, 1914

ARTICLE VI REGISTERED AGENT

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

Name: Evelyn Hargrave
Address: 1822 Meadow Pond Way
Orlando, FL 32824

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Evelyn Hargrave
Address: 1822 Meadow Pond Way
Orlando, FL 32824

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

Evelyn Hargrave 9-2-14
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.

Evelyn Hargrave 9-2-14
Required Signature/Incorporator Date