

PH000082741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

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

SUBJECT: The Wordsmith Shop, 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: Alan D. Lichtman

Name (Printed or typed)

6002 SW 1st St

Address

Plantation, FL 33317

City, State & Zip

954-854-4313

Daytime Telephone number

Alan@TheWordsmithshop.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: The Wordsmith Shop, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6002 SW 1st St.

Plantation, FL 33317

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Freelance copywriting

**ARTICLE IV SHARES 100**

The number of shares of stock is: 100

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

Name and Title: Alan D. Lichtman, President

Address: 6002 SW 1st St  
Plantation, FL 33317

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

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

Name and Title: Tammy Lichtman, VP

Address: 6002 SW 1st St  
Plantation, FL 33317

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

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

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

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

(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: Alan D. Lichtman

Address: 6002 SW 1st St. Plantation, FL 33317

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

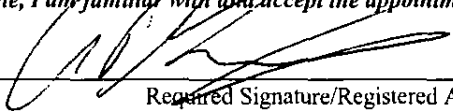
The name and address of the Incorporator is:

Name: Alan D. Lichtman

Address: 6002 SW 1st St. Plantation, FL 33317

\_\_\_\_\_

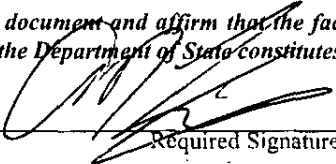
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

9/30/14

\_\_\_\_\_  
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

9/30/14

\_\_\_\_\_  
Date

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FLORIDA