

P14000084863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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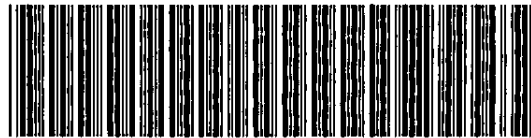
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/15/14

COVER LETTER

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

SUBJECT: S. S. MANAGEMENT CORP.

(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: Silvia S. Munoz

Name (Printed or typed)

6163 Seven Springs Blvd.

Address

Greenacres. Florida. 33463

City, State & Zip

561-635-9309

Daytime Telephone number

S.S.MANAGEMENT@OUTLOOK.COM

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

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME S. S. MANAGEMENT CORP.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
6163 Seven Springs Blvd.
Greenacres. Florida.
33463

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Mailing address, if different from principal office:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO PROVIDE COMMERCIAL AND RESIDENCIAL
PROPERTY MAINTENANCE AND MANAGEMENT, AS WELL AS ANY OTHER
LAWFUL BUSINESS.

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Silvia S. Munoz. President.</u> Address: <u>6163 Seven Springs Blvd.</u> <u>Greenacres. Florida.</u> <u>33463</u>	Name and Title: _____ Address: _____ _____ _____
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Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
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Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
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(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: SILVIA S. MUNOZ
Address: 6163 SEVEN SPRINGS BLVD.
GREENACRES. FL. 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SILVIA S. MUNOZ
Address: 6163 SEVEN SPRINGS BLVD
GREENACRES. FL. 33463

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

10/11/2014

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

10/11/2014

Date

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