

P15 000017649

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

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Special Instructions to Filing Officer:

~~WIS-9860~~

Office Use Only



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02/02/15--01028--010 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 23 PM 4:37

AND  
FILED

VH

## COVER LETTER

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

SUBJECT: **Stewart Group, 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: **Carolyn House Stewart**

Name (Printed or typed)

**11719 Tom Folsom Rd**

Address

**Thonotosassa, FL 33592**

City, State & Zip

**813 992-1908**

Daytime Telephone number

**cstewart@aka1908.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

February 10, 2015

CAROLYN HOUSE STEWART  
11719 TOM FOLSOM RD  
THONOTOSASSA, FL 33592

SUBJECT: STEWART GROUP, INC.  
Ref. Number: W15000009860

We have received your document for STEWART GROUP, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 215A00002785

**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:

Stewart Group Consulting , Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11719 Tom Folsom Rd

Thonotosassa, FL 33592

Mailing address SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Consultant for: Strategic Partnerships;

Diversity and Inclusion Training; Cultural competencies training; Leadership

Development and Training and Grant Review and Grant Compliance

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: Carolyn House Stewart, Director and CEO

Address

11719 Tom Folsom Rd

Thonotosassa, FL 33592

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

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

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

Address

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

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

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

Address

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

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

APPROVED  
AND  
FILED

(conti.)

15 FEB 23 PM 4:37

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:

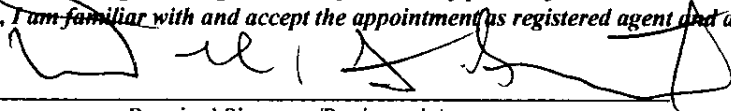
Name: Delano S. Stewart  
Address: 505 E Jackson Street  
Tampa, FL 33602

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Carolyn House Stewart  
Address: 11719 Tom Folsom Rd  
Thonotosassa, FL 33592

*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*

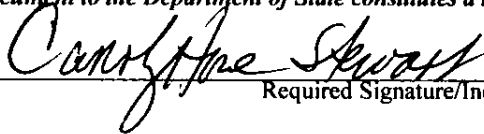


Required Signature/Registered Agent

2-17-2015

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

2/17/2015

Date