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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 20 PM 2:58

JUL 27 2015

T CANNON

COVER LETTER

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

SUBJECT: Spot On Creative Concepts 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: Stacy Blair Sethman

Name (Printed or typed)

11140 Lakeaire Circle

Address

Boca Raton, FL 33498

City, State & Zip

561.715.9587

Daytime Telephone number

stacyblair123@yahoo.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) **FILED**
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Spot On Creative Concepts Inc.

15 JUL 20 PM 2:58

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11140 Lakeaire Circle

Boca Raton, FL 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide marketing services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacy Blair Sethman P, VP, S, T

Name and Title: _____

Address 11140 Lakeaire Circle

Address: _____

Boca Raton, FL 33498

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: 15 JUL 20 PM 2:58
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Stacy Blair Sethman
Address: 11140 Lakeaire Circle
Boca Raton, FL 33498

ARTICLE VII INCORPORATOR

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

Name: Stacy Blair Sethman
Address: 11140 Lakeaire Circle
Boca Raton, FL 33498

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 20, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7.14.15
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

7.14.15
Date