## P1500065105

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILED 15 JUL 31 PM 2: 3

00 8/4/15

## **COVER LETTER**

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

SUBJECT:

Sorority Sitters Inc.

Sobject.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	<del>-</del>	
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation and	l a check for:	ļ	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
FROM: A	ustin Hogan Name	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·		
11	905 Delfina Lane				
	Α	Address			
Or	lando, Florida 32827				
<u></u>	City,	State & Zip		<u></u>	
(40	07) 493 - 7330			JUL	
_	Daytime Te	elephone number		<u>)</u> 3	=
aus	stinhogan2014@yahoo.com		ring Mga	_	ļ
	E-mail address: (to be used	for future annual report n	otification)	PH 2	C

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

FILED

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

15 JUL 31 PH 2: 35

ARTICLE I NAME The name of the corporat	ion shall be: Sorority Sitters Inc.		SECRETARY OF STAT
5626 Curry Ford Rd.	IPAL OFFICE Principal street address		Mailing address, if different is:
Orlando, FL 32822			
with the assistance of of to babysitting, pet sitting purposes of this corpora	ficers, employees, students and ager	e State of Florida, and such ats. To render professional aragraphs shall be constru- ided that the foregoing en	ch professional services may be rendered learned services including but not limited led as enumerating both objectives and learned lea
Name and Title	ES 10,000 stock is: LOFFICERS ANDIOR DIRECTOR Austin Hogan, President 11905 Delfina Lane	Name and Title:	Austin Hogan, Vice President
Address	Orlando, Florida 32827	Address:	Orlando, Florida 32827
Name and Title: Address	Austin Hogan, Secretary		Austin Hogan, Treasurer
Name and Title: Address			

Name ar	nd Title:	Name and Title:
Address		
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box <b>NOT</b> accept	able) of the registered agent is:
Name:	Brian Hogan	
Address:	5626 Curry Ford Rd.	
	Orlando, FL 32822	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	PS ≥ D
Name:	Austin Hogan	——————————————————————————————————————
Address:	5626 Curry Ford Rd.	
	Orlando, FL 32822	
Effective date, if		. (OPTIONAL)  cannot be more than five business days prior or 90 business
	e inserted in this block does not meet the appleffective date on the Department of State's re-	licable statutory filing requirements, this date will not be listed as cords.
	am familiar with and accept the appointmen	process for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
		in are true. I am aware that the false information submitted in a
aus	Department of State constitutes a third degree the Hogan ired Signature/Incorporator	the jetony as provided for in \$.817.155, F.S. $\frac{7/29/15}{\text{Date}}$