

P1500084945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W1500060980

OCT 15 2015

10011



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09/08/15--01002--003 **78.75

15 OCT -1 AM 10:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 OCT -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 16, 2015

OMID DOOST
36181 E LAKE RD SUITE 210
PALM HARBOR, FL 34685

SUBJECT: STRACTION INC
Ref. Number: W15000060980

We have received your document for STRACTION 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 315A00019581

*Note:
Corrected & Added Title
to attached Document*

COVER LETTER

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

SUBJECT: STRACTION 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: Omid (David) Doost
(Name (Printed or typed))

36181 E. Lake Rd Suite 210
Address

Palm Harbor, FL 34685
City, State & Zip

404 855 6887
Daytime Telephone number

david.doost@gmail.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: STRACTION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

36181 E. LAKE Rd

Suite 210

Palm Harbor, FL 34685

ARTICLE III PURPOSE

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

For Businesses.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Omid Khadadoost

PRESIDENT

Name and Title: _____

Address

3357 Pattie Place

Address: _____

Palm Harbor, FL 34685

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

15 OCT - 1 AM 10:00

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: Omid (David) Doost

Address: 36181 E LAKE Rd Suite 210
Palm Harbor, FL 34685

ARTICLE VII INCORPORATOR

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

Name: Omid Khadadoost

Address: 3357 Pattie Place
Palm Harbor, FL 34685

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

9/3/15
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

PRESIDENT

9/3/15
Date