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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

COVER LETTER

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

STG Productions, Inc.

SUBJECT: _____
(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: _____
William A. Salgado, Esq.
Name (Printed or typed)
710 SW 9th Terrace
Address
Fort Lauderdale, Florida 33315
City, State & Zip
954-951-0020
Daytime Telephone number
wills0915@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 FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

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

ARTICLE I NAME

The name of the social purpose corporation shall be STG Productions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
14991 SW 20th Street
Miramar, Florida 33027

Mailing address, if different is:

ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

The corporation is formed for the purpose of transacting any and all lawful business

that promotes the arts, including, without limitation, the mentorship, encouragement and

education of young dancers through innovative and challenging dance competitions and workshops

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: William Salgado, Director/Secretary

Address: 200 SW 1st Avenue, Suite 840
Fort Lauderdale, Florida 33301

Name and Title: Lissette Lucas, Director/President

Address: 14991 SW 20th Street
Miramar, Florida 33027

Name and Title: David Lucas, Director/VP/Treasurer

Address: 14991 SW 20th Street
Miramar, Florida 33027

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

If applicable, BENEFIT DIRECTOR:

Name : _____
Address _____

If applicable, BENEFIT OFFICER:

Name: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: William A. Salgado, Esq
Address: 200 SW 1st Avenue, Suite 840
Fort Lauderdale, Florida 33301

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William A. Salgado, Esq.
Address: 200 SW 1st Avenue, Suite 840
Fort Lauderdale, FL 33301

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

November 3, 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

November 3, 2015

Date