

P/600013277

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

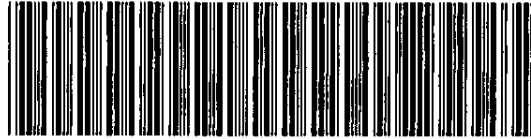
Special Instructions to Filing Officer:

Office Use Only

W/ 600013277

FEB 10 2016

C. SCOTT



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16 FEB -9 PM 2:10

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2016

DAWN TIURA
6 N. 2ND STREET
FERNANDINA BEACH, FL 32034

SUBJECT: SIG UNIVERSITY
Ref. Number: W16000005808

We have received your document for SIG UNIVERSITY 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 516A00001809

COVER LETTER

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

SUBJECT: SIG University, 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

☐ \$70.00 Filing Fee
& Certified Copy
☐ \$78.75 Filing Fee,
Certified Copy
& Certificate
of Status

ADDITIONAL COPY REQUIRED

FROM: Dawn Tiura
Name (Printed or Typed)
6 N. 2nd Street
Address
Fernandina Beach, FL 32034
City, State & Zip
530-448-0000
Daytime Telephone Number
dtiura@sig.org
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: SIG University, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal Street Address

Mailing Address, if different

6 N. 2nd Street, Suite 202

Fernandina Beach, FL 32034

ARTICLE III PURPOSE

Delivering online training in the areas of sourcing and governance, offering certification testing and international education about sourcing and outsourcing.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dawn Tiura, Secretary and President

Address: 120 N. 6th Street

Fernandina Beach, FL 32034

ARTICLE VI REGISTERED AGENT

The Name and Florida Street Address (P.O. Box NOT acceptable of the Registered Agent)

Name: Dawn Tiura

Address: 6 N. 2nd Street, Suite 202

Fernandina Beach, FL 32034

ARTICLE VII INCORPORATOR

The Name and Address of the Incorporator is:

Name: Dawn Tiura

Address: 120 N. 6th Street

Fernandina Beach, FL 32034

ARTICLE VIII EFFECTIVE DATE


Effective date, if other than the date of filing: 1-1-16 (OPTIONAL)

(If and 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.


16 FEB-9 PM 2:10

Having been named as the 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

1-5-16
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

1-5-16
Date