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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Cartified Canies Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE



141

COVER LETTER

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

SUBJECT:	SAVVY Business Builders Association, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
		ADDITIONAL CC	JI I REQUIRED		
	Clar	a Vanderhoof			
FROM:	Name (Printed or typed)				
	14	510 Hudson Ave			
		Address			
	Spring Hill, Florida 34610				
	City,	State & Zip			
	94	1-284-8640			
<u></u>	Daytime T	elephone number			
	Info@SAVYBusinessBuilders.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)
If MAR -4 AM 7: 34

ARTICLE II F	PRINCIPAL OFFICE		SECRETARY OF STATE TALLAHASSEE FLORIDA		
	Principal street address		Mailing address, if different is:		
14510 Hudson A		Same			
Spring Hill Florid	da 34610				
	which the corporation is organized is:		professional development opportunities		
for business owne	ers who want to connect and make a difference in	n the world around	them. Our focus will be on Learning,		
Connecting and fi	inding ways to give back to our community.				
			the state of the s		
The number of sha ARTICLE V 1. Name an	NITIAL OFFICERS AND/OR DIRECTORS Clara Vanderhoof, CEO & Co-Founder	Name and Title	Larry Vanderhoof, CFO & Co-Founder		
Address	14510 Hudson Ave	Address:	14510 Hudson Ave		
	Spring Hill Florida 34610	_	Spring Hill Florida 34610		
Name and	I Title:	Name and Title	:		
Address		Address:			
Nama cad	I Title:	Nome and Tist-			
	l Title:		·		
Address		Address:			
	-	_			



Name a	nd Title:	Name and Title:_	16 MAR -4 AM 7:34
Addres	ss	Address: _	SECRETARY OF STATE
		_	W Market Co.
			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered agen	t is:
Name:	Clara Vanderhoof		
Address:	14510 Hudson Ave		
radioss.	Spring Hill Florida 34610		
	<u>INCORPORATOR</u>		
The name and a	address of the Incorporator is:		
Name:	Clara Vanderhoof		
Address:	14510 Hudson Ave		
	Spring Hill Florida 34610		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannot filing.)		TIONAL) e business days prior or 90 business
	e inserted in this block does not meet the applicable seffective date on the Department of State's records.	tatutory filing requ	uirements, this date will not be listed as
Having been na this certificate, i	med as registered agent to accept service of process I am familiar with and accept the appointment as regi	for the above state stered agent and a	ed corporation at the place designated in gree to act in this capacity
$\frac{1}{\sqrt{2}}$	wa Vanderh		2/26/2016
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein are to Department of State constitutes a third degree felony		
	na Valili		2/26/2016
Requ	ired Signature/Incorporator	······································	Date