

P16000087853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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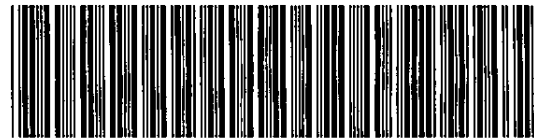
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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DR. MOON
OCT 31 2016

COVER LETTER

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

SUBJECT: SOSNIAK CONSULTING GROUP, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SANDRA L. SOSNIAK

Name (Printed or typed)

1830 N UNIVERSITY DRIVE #355

Address

PLANTATION, FLORIDA 33322

City, State & Zip

(954) 328-4871

Daytime Telephone number

ssoniak@bellsouth.net

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: SOSNIAK CONSULTING GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1830 N UNIVERSITY DRIVE #355

PLANTATION, FLORIDA 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDRA L. SOSNIAK, PRES.

Name and Title: _____

Address 1830 N UNIVERSITY DRIVE #355

Address: _____

PLANTATION, FLORIDA 33322

Name and Title: SANDRA L. SOSNIAK, SECRETARY

Name and Title: _____

Address 1830 N UNIVERSITY DRIVE #355

Address: _____

PLANTATION, FLORIDA 33322

Name and Title: SANDRA L. SOSNIAK, TREAS

Name and Title: _____

Address 1830 N UNIVERSITY DRIVE #355

Address: _____

PLANTATION, FLORIDA 33322

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TALLAHASSEE, FLORIDA
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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: SANDRA L. SOSNIAK
Address: 1830 N UNIVERSITY DRIVE #355
PLANTATION, FLORIDA 33322

ARTICLE VII INCORPORATOR

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

Name: SANDRA L. SOSNIAK
Address: 1830 N UNIVERSITY DRIVE #355
PLANTATION, FLORIDA 33322

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/27/2016 (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.

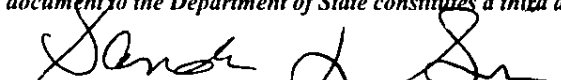
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/27/2016
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

10/27/2016
Date