

P17000100402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

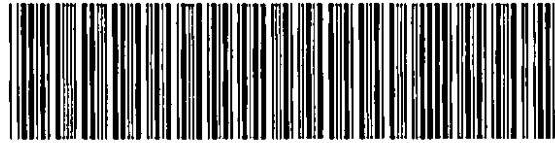
Special Instructions to Filing Officer:

Office Use Only

N. SAMS

DEC 22 2017

17-046562



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06/01/17--01007--026 **78.75

FILED
17 DEC 22 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

17 DEC 22 PM 2:25

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

December 7, 2017

S.P. KNIGHT
P.O. BOX 24511
TAMPA, FL 33623

SUBJECT: SPK MANAGEMENT, INC.
Ref. Number: W17000096870

We have received your document for SPK MANAGEMENT, 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):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 117A00024690

FILED
17 DEC 22 PM 3:34
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

Sheryel P. Knight

P.O. BOX 24511
TAMPA, FLORIDA 33623
Phone: (813) 363-8665 / Fax: (813) 885-9576
(email: spkmgtr@msn.com)

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17 DEC -5 AM 11:28

PUBLIC SERVICE
INFORMATION SERVICES

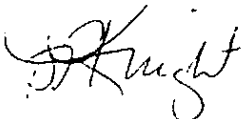
November 25, 2017

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Enclosed please find my application to file for a corporation. Previously forms were submitted; however, the name was not available. A check, #7003, dated 05/26/17, in the amount of \$78.75, was submitted with the previous forms, cleared my bank account and I never received any credit back. Please apply the previous check (copy enclosed) to this application.

If there are any questions, I can be reached at (813) 363-8665.

Thank you,



S. P. Knight
SPK/p

FILED
17 DEC 22 PM 3:34
CLERK OF COURT
TALLAHASSEE, FLORIDA

Enclosures

COVER LETTER

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

SUBJECT: SPK MANAGEMENT, 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: S. P. KNIGHT
Name (Printed or typed)

P.O. Box 24511
Address

TAMPA, FL 33623
City, State & Zip

813-363-8665
Daytime Telephone number

spkmg@msn.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: SPK MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4617 BYERLE CIRCLE
TAMPA, FL 33634

PO Box 24511
TAMPA, FL 33623

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BOOKKEEPING SERVICES AND MANAGEMENT

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TAMPA
FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHERYL P. KNIGHT P.D. Name and Title: JOHN M. FARA VP

Address: PO Box 24511 Address: PO Box 24511
TAMPA, FL 33623 TAMPA, FL 33623

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: SHERVEL P. KNIGHT
Address: 4617 BYERLE CIRCLE
TAMPA, FL 33634

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: S. P. KNIGHT
Address: PO BOX 24511
TAMPA, FL 33623

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TALLAHASSEE, FLORIDA

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 days prior or 90 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

Shervel P. Knight
Required Signature/Registered Agent

5/26/17
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.

S.P. Knight
Required Signature/Incorporator

5/26/17
Date