

P20000005689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

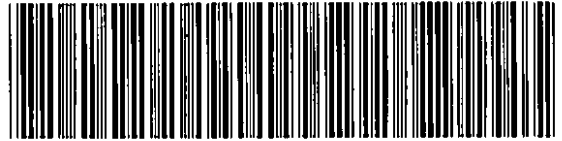
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2020 JAN 21 11 46 23

2020 JAN 24 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JAN 27 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE SCULPTURE GROUP INC .

OF FLORIDA

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature _____

Requested by: BA

01/23/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

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

SUBJECT: THE STRUCTURE GROUP INC. OF FLORIDA
(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: DAVID TOWNSEND, ESQ.
Name (Printed or typed)

608 W. HORATIO ST.
Address

TAMPA, FL 33606
City, State & Zip

813-254-0088
Daytime Telephone number

DAVIDTOWNSEND@TAMPABAY.FL.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: THE SCULPTURE GROUP INC. OF FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

218 E. BEARS AVE
STE # 411
TAMPA, FL 33613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL PURPOSES PERMITTED UNDER FLORIDA LAW

ARTICLE IV SHARES

The number of shares of stock is: 1,000 NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN HENRY, POD

Name and Title: PAMELA HENRY, V.P. & SEC

Address: 231 SPRING LAKE HY
BROOKSVILLE, FL 34602

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

FILED
2021 JAN 24 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PRAMELA HENRY
Address: 231 Spring Lake Hwy.
BROOKSVILLE, FL 34602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN HENRY
Address: 231 Spring Lake Hwy.
BROOKSVILLE, FL 34602

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/31/19 (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 as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Signature/Registered Agent

12/31/19
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.

[Signature]
Required Signature/Incorporator

Date 12/31/19