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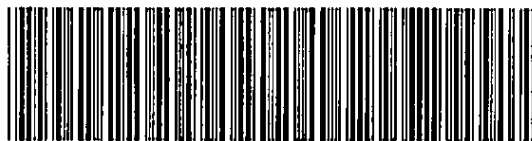
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JAN -8 AM 11:05

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JAN 08 2008

COVER LETTER

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

SUBJECT: The Katherine Thomas Sparks 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: Julian L. Sparks Sr.
Name (Printed or typed)

420 Fontana Circle suite #211
Address

Oviedo, Florida 32765
City, State & Zip

347) 424-1332
Daytime Telephone number

jah7sparks@yahoo.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 Katherine Thomas Sparks Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
420 Fontana Circle suite # 211
Oviedo, Florida 32765

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To acquire commercial &
residential properties for development into thriving
viable communities.

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julian L. Sparks Sr. - CEO/Exec. Dir.

Address: 420 Fontana Circle suite # 211
Oviedo, Florida, 32765

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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Name and Title: Julian L. Sparks Sr. CEO / Exec. Dir. Name and Title: _____
Address: 420 Fontana Circle # 211 Address: _____
Oviedo, Florida _____
32765 _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Julian L. Sparks Sr.
Address: 420 Fontana Circle suite # 211
Oviedo, Florida 32765

ARTICLE VII INCORPORATOR

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

Name: Julian L. Sparks Sr.
Address: 420 Fontana Circle # 211
Oviedo, Florida 32765

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 16, 2020 (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

Julian L. Sparks Sr.
Required Signature/Registered Agent

1/6/2020
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.

Julian L. Sparks Sr.
Required Signature/Incorporator

1/6/2020
Date