

P2000000 53145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

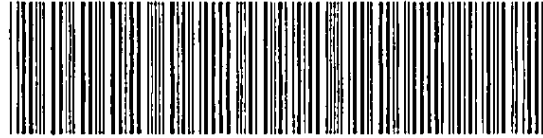
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07/02/20 11:53

FILED  
2020 JUL 20 PM 3:54  
SEC 113  
TALLAHASSEE, FL 32309

20 7020

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*SAS Dynamic Agency 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: \_\_\_\_\_

*SARAH A. SMITH*

Name (Printed or typed)

*2126 SEASONS LN*

Address

*TALLAHASSEE FLORIDA 32305*

City, State & Zip

*(323) 599-9053*

Daytime Telephone number

*SAS L&P INC@OUTLOOK.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: SAS DYNAMIC AGENCY INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2126 SEASONS LN  
TALLAHASSEE FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF HAIR, CLOTHES, SHOES, ACCESSORIES

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

SARAH A. SMITH

(president/director)

Name and Title:

Address

2126 SEASONS LN

Address:

TALLAHASSEE FL 32305

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
2020 JUL 20 PM 3:54  
TALLAHASSEE, FL 32305

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: SARAH A. SMITH  
Address: 2124 SEASONS LN  
TALLAHASSEE FLA 32305

**ARTICLE VII INCORPORATOR**

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

Name: SARAH A. SMITH  
Address: 2124 SEASONS LN  
TALLAHASSEE, FLA 32305

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/29/2020 (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*

S. Smith  
Required Signature/Registered Agent

10/29/20  
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. Smith  
Required Signature/Incorporator

10/29/20  
Date