

P20000077144

(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

Eichel

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800353045448

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DIVISION OF STATE
TALLAHASSEE, FL
FILED
2020 OCT -5 AM 8:40

N CLERK
OCT -5 2020

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 10/2/2020

PRIORITY Routine

OUR REF.# (Order ID#) 855699

ORDER ENTITY

SPROUT CAPITAL PARTNERS INC

PLEASE PERFORM THE FOLLOWING SERVICES:

SPROUT CAPITAL PARTNERS INC (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: jeff@irsolutions.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: Sprout Capital Partners Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

14041 NW 8th St
Sunrise FL 33326

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this corporation
is to engage in any lawful act or activity for which
a corporation may be organized under the State of
Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeff Eichel - managing Director Name and Title: _____

Address: 5330 Hanlock Rd Address: _____
Southwest Ranches FL
33330

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: Incorporating Services, Ltd.
Address: 1540 Glenway Drive
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeff Eichel
Address: 5330 Hancock Rd
Southwest Ranches, FL 33330

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TALLAHASSEE, FL

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

Melissa Eichel Required Signature/Registered Agent 10/2/2020 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.

Jeff Eichel Required Signature/Incorporator 10/2/20 Date