P21000051638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

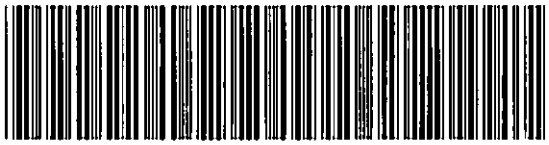
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 JUN -3 PM 3:06
TALLAHASSEE, FLORIDA

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2021 JUN -3 PM 2:59
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Selling Spot 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: Tommy Price
Name (Printed or typed)

5715 W. Tennessee St.
Address

Tallahassee, Florida 32303
City, State & Zip

(850) 661-3336
Daytime Telephone number

theSellingSpot@gmail.com
E-mail address: (to be used for future annual report notification)

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2011 JUN -3 PM 3:07

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 Selling Spot Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5715 W. Tennessee St.
Tallahassee FL. 32303

Mailing address, if different is:
P.O. Box 180673
Tallahassee, FL 32318

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To provide quality Services to individuals in the community

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tommy Price - P
Address: P.O. Box 180673
Tallahassee, FL
32318

Name and Title:
Address:

Name and Title: Valerie Price - VP
Address: P.O. Box 180673
Tallahassee, FL
32318

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

2021 JUN -3 PM 3:07

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: Tommy Price

Address: 5715 W. Tennessee St.
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tommy Price

Address: P.O. Box 180673
Tallahassee, FL 32318

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2021 JUN -3 PM 3:07
SECRETARY OF STATE
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

Tommy Price
Required Signature/Registered Agent

6/03/2021
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.

Tommy Price
Required Signature/Incorporator

Date 6/03/2021