

P21000070867

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600371027576

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2021 AUG -5 AM 9:21

DEPT. OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 AUG -5 AM 11:20

DEPT. OF CORPORATION  
TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 8/4/2021

**\*\*WALK IN\*\***

ENTITY NAME ALBRIGHT MARKETING GROUP, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

\_\_\_\_\_

*Plain Copy*

\_\_\_\_\_

*Certified Copy*

XXXXXXXXXXXX

*Certificate of Status*

\_\_\_\_\_

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_

*Certified Copy of Arts & Amendments*

\_\_\_\_\_

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

\_\_\_\_\_

*Certificate of Status*

\_\_\_\_\_

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 78.75

ACCOUNT # 120160000072

*Eric J. W.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

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

**SUBJECT:** Albright Marketing 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:** Nancy Orellana Albright

Name (Printed or typed)

1058 N. Tamiami Trail, STE 108 #214

Address

Sarasota, FL 34236

City, State & Zip

206-551-4390

Daytime Telephone number

admin@noamediagrpinc.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Albright Marketing Group, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

1058 N. Tamiami Trail, STE 108 #214

Sarasota, FL 34236

SECRETARY OF STATE

Mailing address, if different is: SEC, FL

1058 N. Tamiami Trail, STE 108 #214

Sarasota, FL 34236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Online Retail

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy Orellana Albright

Name and Title:

Address 1058 N. Tamiami Trail, STE 108 #214

Address:

Sarasota, FL 34236

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: URS AGENTS, LLC

Address: 3458 Lakeshore Drive

Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nancy Orellana Albright

Address: 1058 N. Tamiami Trail, STE 108 #214

Sarasota, FL 34236

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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ED

**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*



Kathy Clark, Asst. Secretary


8/4/2021

(Required Signature/Registered Agent)

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.*

DocuSigned by:



Nancy Orellana Albright

8/4/2021

Required Signature of Incorporator

Date