

P2100009476A

(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



800375921128

11/05/21 - 01017 - 010 ♦\$70.00

RECEIVED
TALLAHASSEE, FLORIDA

2021 NOV -5 PM 1:56

2021 NOV -5 PM 2:46

COVER LETTER

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

SUBJECT: **CONCEPTION DE 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: **ADRIAN MIDDLETON, ESQ**

Name (Printed or typed)

1437 MARKET ST

Address

TALLAHASSEE, FL 32312

City, State & Zip

(850) 815 0256

Daytime Telephone number

HELP@SWORDANDSHIELD.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: **CONCEPTION DE INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1437 MARKET ST TALLAHASSEE FL 32312

Mailing address, if different is:

<- SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LEGAL BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **P - LOGAN WILLIAMS**

Address: **1437 MARKET ST
TALLAHASSEE, FL
32312**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2021 NOV -5 PM 2:46

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: MIDDLETON & MIDDLETON, P.A.

Address: 1437 MARKET ST
TALLAHASSEE, FL 32312

ARTICLE VII INCORPORATOR

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

Name: KAREN ARIZA

Address: 1437 MARKET ST
TALLAHASSEE, FL 32312

2021 Nov -5 PM 2:46

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

Required Signature/Registered Agent

11-5-21
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.

Required Signature/Incorporator

11-5-21
Date