

P24000033550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

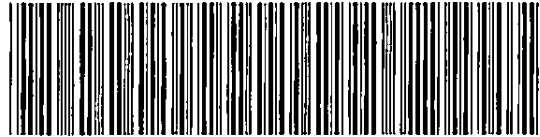
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300427749083

FILED

2024 MAY 13 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 MAY 13 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

202400074073



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 05/10/24
Order #: 1504010-1
Re: Schlamm Enterprises Inc
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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2024 MAY 13 AM 9:47
TALLAHASSEE, FL
DIVISION OF STATE

COVER LETTER

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

SUBJECT: Schlam Enterprises 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: Benedette Diaferia, CPA
Name (Printed or typed)
157 13th Street, # 101
Address
Brooklyn, NY 11215
City, State & Zip
212-741-4255
Daytime Telephone number
BDiaferia@AOL.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

DEPT. OF STATE
TALLAHASSEE, FL

2024 MAY 13 AM 9:47

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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: Schlam Enterprises Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

c/o Doug Schlam

125 S. State Road 7 Suite 104 - 288

Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Initial application for a new entity incorporating in the State of Florida to do business in the sales consulting industry.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Doug Schlam, President

Name and Title: _____

Address 125 S. State Road 7 Suite 104 - 288

Address: _____

Wellington, FL 33414

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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: Doug Schlam

Address: 125 S. State Road 7 Suite 104 - 288

Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Benedette Diaferia

Address: 157 13th Street, # 110

Brooklyn, NY 11215

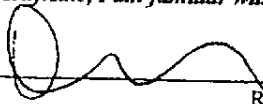
ARTICLE VIII EFFECTIVE DATE:

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

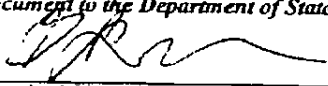


Required Signature/Registered Agent

05/09/2024

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

05/09/2024

Date

CSC FIN-50038

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CLERK OF THE
DEPARTMENT OF
STATE