

P/B 000085749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

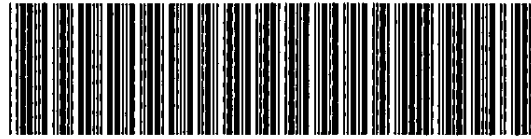
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/18/13--01007--002 \*\*70.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 18 PM 2:22

*[Handwritten signature]*  
2/13

**COVER LETTER**

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

**SUBJECT: SET Professional Services Inc**  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

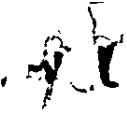
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$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: Stephen Tsolkas**  
Name (Printed or typed)  
**2032 Montego Ct**  
Address  
**Oldsmar, FL 34677**  
City, State & Zip  
**727-251-5125**  
Daytime Telephone number  
**ste03inc@aim.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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 OCT 18 PM 2:22

**ARTICLE I NAME**  
The name of the corporation shall be: SET Professional Services Inc

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

2032 Montego Ct  
Oldsmar; FL 34677

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Marketing and sales consulting services

**ARTICLE IV SHARES** 100  
The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Stephen Tsolkas CEO Name and Title: \_\_\_\_\_  
Address: 2032 Montego Ct Address: \_\_\_\_\_  
Oldsmar, FL 34677 Address: \_\_\_\_\_

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:

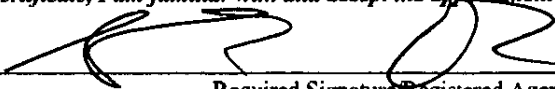
Name: Stephen Tsolkas  
 Address: 2032 Montego Ct  
Oldsmar, FL 34677

**ARTICLE VII INCORPORATOR**

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


Name: Stephen Tsolkas  
 Address: 2032 Montego Ct  
Oldsmar, FL 34677

*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

10/16/13  
 \_\_\_\_\_  
 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

10/16/13  
 \_\_\_\_\_  
 Date