



**COVER LETTER**

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

SUBJECT: IBK CONSULTING CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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**ADDITIONAL COPY REQUIRED**

FROM: I. BARRY KLEIN  
Name (Printed or typed)

10624 Via Como  
Address

LAKE WORTH, FL 33467  
City, State & Zip

561-434-5027  
Daytime Telephone number

BKLEIN2733@AOL.COM  
E-mail address: (to be used for future annual report notification)

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

**ARTICLE I NAME**

The name of the corporation shall be:

IBK CONSULTING CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6624 VIA COMO  
LAKE WORTH, FL 33467

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: I. BARRY KLEIN, PRES + DIRECTOR Name and Title:

Address: 6624 VIA COMO Address:

LAKE WORTH, FL 33467

Name and Title: CAROLE KLEIN, DIRECTOR 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: I. BARRY KLEIN

Address: 6624 VIA COMO  
LAKE WORTH, FL 33467

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 NOV 12 PM 3:44

APPROVED  
FILED

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: I. BARRY KLEIN

Address: 6624 VIA COMO  
LAKE WORTH, FL 33467

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

*I. Barry Klein*

Required Signature/Registered Agent

11-8-10

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.

*I. Barry Klein*

Required Signature/Incorporator

11-8-10

Date