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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Dusiliess Littly Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Consideration to Fillian Officer	
Special Instructions to Filing Officer:	





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COVER LETTER

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

SUBJECT: IBK CONSU			
(PROPOSED CORPO	RATE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the a	articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: I. BARRY	MLEIN ame (Printed or typed)		
(0624 Vin (า _ o/n ๒		
*** A start of the	Address		
LAKE WORE	TH, FL 33467 ity, State & Zip		
	•		
Daytime Telephone number			
BKLEIN 27;	33 @ AOLICOM		
E-mail address: (to be a	used for future annual report notification)		

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

ARTICLE II PRINCIPAL OFFICE Principal street address. ARTICLE II PURPOSE The purpose for which the corporation is organized is: APY APP ALL LAWFUL BUSINESS The number of shares of stock is: / CO ARTICLE IV SHARES The number of shares of stock is: / CO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS, Address: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS, Address: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS, Address: Address: Address: Address: Address: Address: Address: Name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ARTICLE VI REGISTERED AGENT The name and address of the Incorporator is: ARTICLE VI INCORPORATOR ART	ARTICLE I NAME The name of the corporation shall be: IBK CONSULTING (CORP.
Principal street address. Mailing address, if different is: ### APP OF ALL LAWFUL BUSINES The purpose for which the corporation is organized is: #### APP OF ALL LAWFUL BUSINES The number of shares of stock is: 0.0 ##################################	ARTICLE II PRINCIPAL OFFICE	
The purpose for which the corporation is organized is: ANY AND ALL LINUTUL BUSINES The number of shares of stock is: / 0 0 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS of The COTTOR Name and Title: Address: ARTICLE VI NUMBER OFFICERS AND/OR DIRECTORS of The COTTOR Name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Title: Address: Address: Address: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: ARTICLE VI INCORPORATOR ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Address: Address:	Principal street address M	
ARTICLE V SHARES The number of shares of stock is: /00 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS of the Address: Address: ACT V ON Address: ACT V ON Address: ACT V ON Address: Address: Name and Title: Address: Address: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Plovida street address (P.O. Box NOT acceptable) of the registered agent is: Name: ARTICLE VI REGISTERED AGENT The name and Plovida street address (P.O. Box NOT acceptable) of the registered agent is: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VI INCORPORATOR The name and address of the above stated corporation at the place designated in this certificate, I auffamiliar with and accept the appointment as registered agent and agree to act in this capacity I ARTICLE VI INCORPORATOR The name and address of the Incorporation at the place designated in this certificate, I auffamiliar with and accept the appointment as registered agent and agree to act in this capacity I ARTICLE VI INCORPORATOR ARTICLE VI INCORPORATOR The name and Title: Address: Address: Address: ARTICLE VI INCORPORATOR The name and Title: Address: Address: Address: ARTICLE VI INCORPORATOR The name and Title: Address: Address: ARTICLE VI INCORPORATOR The name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Title: ARTICLE VI REGISTERED AGENT The name and Title: ARTICLE VI REGISTERED AGENT The name and T	ARTICLE III PURPOSE	•
The number of shares of stock is: / O O ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS OF Address: Name and Title:	The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS	
Address: Address: Name and Title: Address: Name and Title: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Address: Address: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Address: Address: Address: Address: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Address: Address: Address: Address: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Address: Address: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Address: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: ARTICLE VI INCORPORATOR The name and address of the Incorporator is: ARTICLE VI INCORPORATOR The name and ritle: Address:	The number of shares of stock is: /() ()	FITOL
Name and Title: Address: Name and Title: Address: Addr	Address: 6624 VIA COMO Address: LAKE NORTH, FL 33467	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address:		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address:		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address:	ARTICLE VI PROISTEREN AGENT	
The name and address of the Incorporator is: Name: Address: I: BARRY LOID LARE WOOLTH. 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 amfamiliar with and accept the appointment as registered agent and agree to act in this capacity Cell I - S - 10 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.	The name and Florida street address (P.O. Box NOT acceptable) of the registered agent Name:	O NOV 12 SECRETARY ALLAHASSEE
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 Compared Compare		<u>2</u> 8 3 6 €
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	Name: Address: Address: Address: Name: Address: Ad	3: 44 ORIDA
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.		
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document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Required Signature/Registered Agent	Date
Required Signature/Incorporator		s.817.155, F.S.
	L Obling New Medical Required Signature/Incorporator	