

P13000053372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

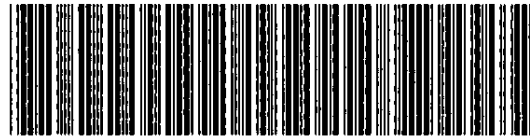
(Document Number)

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

Special Instructions to Filing Officer:

received letter 6/19/13

Office Use Only



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06/17/13--01006--025 \*\*70.00

MRS  
6/20/13

FILED  
13 JUN 19 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: CLERK'S OFFICE CONSULTING, 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: JANICE E IORIO**  
Name (Printed or typed)

**6224 AVENTURA DRIVE**  
Address

**SARASOTA, FL 34241**  
City, State & Zip

**941-924-4546**  
Daytime Telephone number

**ea182@comcast.net**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2013

JANICE E IORIO  
6224 AVENTURA DRIVE  
SARASOTA, FL 34241

SUBJECT: CLERK'S OFFICE CONSULTING, INC.  
Ref. Number: W13000035240

We have received your document for CLERK'S OFFICE CONSULTING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00015297

June 19, 2013

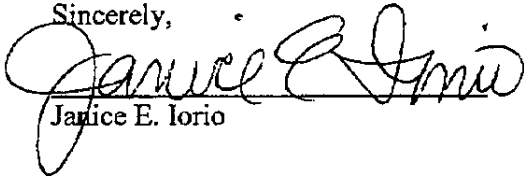
Florida Department of State  
Corporations

RE: Clerk's Office Consulting, Inc.

Per your request, this letter is my statement that I have no intentions of reinstating my dissolved corporation. Furthermore I give my permission for the company name to be used.

Should you have any further questions, please contact me at (941) 924-4546.

Sincerely,

A handwritten signature in cursive script that reads "Janice E. Iorio". The signature is written in black ink and is positioned above the printed name.

Janice E. Iorio

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:

CLERK'S OFFICE CONSULTING, INC.

FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6224 AVENTURA DRIVE

SARASOTA, FL 34241

13 JUN 19 AM 11:49  
Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: JANICE E IORIO, PRESIDENT

Name and Title: \_\_\_\_\_

Address 6224 AVENTURA DRIVE

Address: \_\_\_\_\_

SARASOTA, FL 34241

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

FILED

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

13 JUN 19 AM 11: 49

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JANICE E IORIO  
Address: 6224 AVENTURA DRIVE  
SARASOTA, FL 34241

**ARTICLE VII INCORPORATOR**

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

Name: JANICE E IORIO  
Address: 6224 AVENTURA DRIVE  
SARASOTA, FL 34241

*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*

*Janice E Iorio*  
Required Signature/Registered Agent

6-14-13  
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.*

*Janice E Iorio*  
Required Signature/Incorporator

6-14-13  
Date