

P15000013997

(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



200269022862

02/03/15--01026--026 **78.75

FILED
15 FEB -3 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 11 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Devler 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 ☒ \$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: Joanna Carbone

Name (Printed or typed)

7240 Windy Preserve

Address

Lake Worth, FL 33467-7242

City, State & Zip

(561)322-6195

Daytime Telephone number

jojo7240a@aol.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)

ARTICLE I NAME

The name of the corporation shall be: Devler Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7240 Windy Preserve

Lake Worth, FL 33467-7242

Mailing address, if different is:

Same as Principal Office

FILED
15 FEB -3 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joanna Carbone - President, S, T

Name and Title: N/A

Address 7240 Windy Preserve

Address: _____

Lake Worth, FL 33467-7242

Name and Title: N/A

Name and Title: N/A

Address _____

Address: _____

Name and Title: N/A

Name and Title: N/A

Address _____

Address: _____

(cont.)

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Joanna Carbone
Address: 7240 Windy Preserve
Lake Worth, FL 33467-7242

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joanna Carbone
Address: 7240 Windy Preserve
Lake Worth, FL 33467-7242

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

Joanna Carbone
Required Signature/Registered Agent

1/26/15
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.

Joanna Carbone
Required Signature/Incorporator

1/26/15
Date