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(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive, Taffahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 11/14/2019

PRIORITY Routine

OUR REF # (Order ID#) 781409

ORDER ENTITY

JOHN S. MALONEY CONSULTING, INC.

850-245-6051

PLEASE PERFORM THE FOLLOWING SERVICES:

JOHN S. MALONEY CONSULTING, INC. (FL)

New corp filing - Please provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: Paul@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAT	ME John S. Maloney Consulting poration shall be:	, Inc.	
ARTICLE II PR			Mailing address, if different is:
406 Capistrano Driv	ve		
Palm Beach Garden	is, FL 33410		
ARTICLE III PU The purpose for whi	RPOSE any and a ch the corporation is organized is:	II lawful business	
			No 23
			SICAL ALLAN
			- 788 - 788 - 788
ARTICLE IV Sh The number of share	es of stock is:		Mill: 15
ARTICLE V IN	Title:	Name and Title	Margaret F. Maloney, Officer/Director
Address 406 Cap	406 Capistrano Drive	Address:	406 Capistrano Drive
	Palm Beach Gardens, FL 33410		Palm Beach Gardens, FL 33410
Name and	Tide:	Name and Title	:
Address		Address:	
Name and	Title:	Name and Title	··
Address		Address:	
			

Name an	d Title:	Name and Title:
Address		Address:
		
The name and F	REGISTERED AGENT Igrida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	John S. Maloney	
Address:	406 Capistrano Drive	
	Palm Beach Gardens, FL 33410	
<u>ARTICLĘ VII</u>	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	John S. Maloney	
Address:	406 Capistrano Drive	<u> </u>
	Palm Beach Gardens, FL 33410	
Effective date if	EFFECTIVE DATE: f other than the date of filing:	. (OPTIONAL)
(If an effective of filing.)	date is listed, the date must be specific and cal	not be more than five days prior or 90 days after the
Note: If the date	e inserted in this block does not meet the applica	ble statutory filing requirements, this date will not be listed as
the document's	effective date on the Department of State's record	ds.
Having been na	med as registered agent to accept service of pro-	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11/14/19
 -	Required Signature/Registered Agent	Date
I submit this do	cument and affirm that the facts stated herein Department of State constitutes a third degree for	are true. I am aware that the false information submitted in a
LOLUMENT IO INC	LM -	11/14/19
Requ	uired Agnature/Incorporator	Date

. . .