

P10000093466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

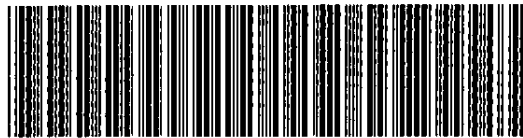
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV 12 PM 3:44

APPROVED
FILED

1/11

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:

\$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: 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

Address: 6624 VIA COMO

LAKE WORTH, FL 33467

Name and Title: CAROLE KLEIN, DIRECTOR

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:

Name: I. BARRY KLEIN

Address: 6624 VIA COMO
LAKE WORTH, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: I. BARRY KLEIN

Address: 6624 VIA COMO
LAKE WORTH, FL 33467

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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