

PO0000003763

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

700003090407--5
-01/06/00--01053--008
*****87.50 *****87.50

SUBJECT: SCHILD CONSULTANTS INC.
(Proposed corporate name - must include suffix)

Enclosed is 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: WILLY SCHILD
Name (Printed or typed)

6794 VIA REGINA
Address

BOCA RATON, FL. 33433
City, State & Zip

(561) 417 4144
Daytime Telephone number

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

FILED
00 JAN -6 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-12
100

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SCHILD CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6794 VIA REGINA BOCA RATON, FLORIDA 33433

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

WILLY SCHILD
6794 VIA REGINA
BOCA RATON FL. 33433

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

WILLY SCHILD
6794 VIA REGINA
BOCA RATON FL. 33433

Willy Schild

Signature/Incorporator

1/3/2000

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Willy Schild

Signature/Registered Agent

1/3/2000

Date

FILED
00 JAN -6 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA