

P02000129125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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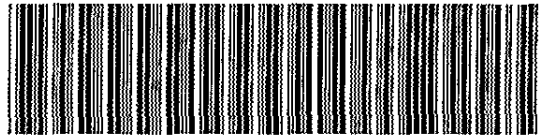
(Business Entity Name)

(Document Number)

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02 DEC -9 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Sayo Consulting Services, 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: Mercelita Sayo Maceda  
Name (Printed or typed)

PO BOX 353154

Address

Palm Coast, FL 32135

City, State & Zip

(386) 246<sup>th</sup> 627-1737

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

December 3, 2002

MERCELITA SAYO MACEDA  
PO BOX 353154  
PALM COAST, FL 32135

SUBJECT: SAYO CONSULTING SERVICES, INC.  
Ref. Number: W02000033850

We have received your document for SAYO CONSULTING SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU MUST COMPLETE ARTICLE VI.

The registered agent must sign accepting the designation.

Please return the 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) 245-6067.

Neysa Culligan  
Document Specialist  
New Filing Section

Letter Number: 702A00064125

# ARTICLES OF INCORPORATION

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

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02 DEC -9 PM 12: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

Sayo Consulting Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 353154, Palm Coast, FL 32135

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting services.

## ARTICLE IV SHARES

The number of shares of stock is:

100 shares.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Mercelita S. Maceda / POB 353154, Palm Coast, FL 32135 /  
President

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Mercelita S. Maceda / 19 Mt. Vernon Lane  
Palm Coast, FL 32164

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mercelita S. Maceda  
PO BOX 353154, Palm Coast, FL 32135

\*\*\*\*\*

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

M. Maceda  
Signature/Registered Agent

12/6/02  
Date

Mercelita S. Maceda  
Signature/Incorporator

11/18/02  
Date