P03000043a9

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(Only/State/Zipir Hotie #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100009763231

100009763231 01/09/03--01031--013 **87.50



8/13/03

TRANSMITTAL LETTER

FILED

2003 JAN -9 PM 3:54

TALLAHASSER FLUP DA

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

SUBJECT: M	Chelle A. Yales (PROPOSED CORPORA	FIC. TENAME-MUSTINCLI	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Michelle A. Yoles	(Printed or typed)		Service and Great
ģ	9555 NW 29 to Dr.	Address		
¥	Boca Raton FC City (561) 883-2737	33 484 State & Zip	<u>. </u>	•
		Selephone number	·	garan era

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)	CH CI
ARTICLE I NAME	FILED
The name of the corporation shall be:	2003 JAN -9 PM 3: 54
THERE IN THIS STIE.	TÁLLAHÁSSLE FLOR JA
ARTICLE II PRINCIPAL OFFICE	TALLAMADOLE FLUE OF
The principal place of business/mailing address is:	
2535 NW 2947 Dr.	
Boca Raton, FL 33434	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Business Consulting Socices	
ARTICLE IV SHARES	
The number of shares of stock is:	
, .	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional The name(s), address(es) and title(s):	
Michelle A. Yoles, President 2555 NW 29th Dr.	
255 NW 29th Dr.	
Boca Raton, FC 33434	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Michelle A. Icks	
2555 NW ZOTHI.	
Boca Raton, FC 33434	
ARTICLE VII INCORPORATOR The name and address of the Incompensate in	<u></u>
The <u>name and address</u> of the Incorporator is:	
255 NW ZON DI.	
Boca Raton, TC 33434	
**************************************	**************************************
certificate, I am familiar with and accept the appointment as registered agent and ag	ree to act in this capacity
Nichel Cycle	1/6/03
Signature/Registered Agent	Date
Wind of Class	1/1/-
Signature/Incorporator	
orkward picorhorator	Date