P03000018540

(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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TRANSMITTAL LETTER

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

.00 🚨 \$78.75	\$78.75	\$87.50
Fee Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	
ROM: Name (Printed or typed)	
	Address	
Por	Sox 106 Address Soletino	

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)	
ARTICLE I NAME	
The name of the corporation shall be:	•
TRI COUNTY CONSULTING SER	nees The
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	Na
6915 MAIN STREET #141	
ARTICLE III PURPOSE TES FL. 33014	=
The purpose for which the corporation is organized is:	•
TO Provide Business Courses	45
ARTICLE IV SHARES	03 FF
The number of shares of stock is:	超出コ
Dye HUNDRED (100 SH.)	FILED PH 3: CARLARY FOR
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	F7 3 0
The name(s), address(es) and title(s):	3: 33 ETATI E ORNI
GERDIO O'SRIEN	in σ
6915 Man Street #41	
118m LAKEL FL. 33014	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
SERBLO D'BRIEN AND	
MIDNI LAYES, PL BROW	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	• • • • • • • • • • • • • • • • • • •
	• .
POBOX 106	
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Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act	
1	2_/_
a blended A Olsien	75-03
Signature/Registered Agent	Pate .
	2/-

Signature/Incorporator