

PO30000413851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

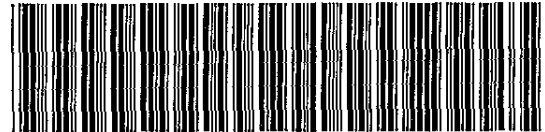
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE
FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: One Eighty Consulting, 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:

Sheri Cape

Name (Printed or typed)

~~200 W.~~ 200 W. College Ave. Suite 307

Address

Tallahassee, FL 32308

City, State & Zip

(850) 412-0300

Daytime Telephone number

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:

One Eighty Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*200 W. College Ave.
Tallahassee, FL 32301*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

*Debra R. Blaisdell Sheri Cape
267 John Knox Rd, Suite 120 1513 Bowman Dr.
Tallahassee, FL 32303 Tallahassee, FL 32308*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Debra R. Blaisdell Sheri Cape
267 John Knox Rd, Suite 120 1513 Bowman Dr.
Tallahassee, FL 32303 Tallahassee, FL 32308*

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

Sheri White Cape

Signature/Registered Agent

4-18-03

Date

Sheri White Cape

Signature/Incorporator

4-18-03

Date