

PD4000 117336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

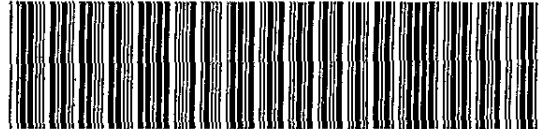
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: THE RYAN FIRM & LEGAL COUNCIL CO

(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: ALEXANDRA BOURJAC

Name (Printed or typed)

4240 GALT OCEAN DRIVE SUITE 1404

Address

FT LAUDERDALE, FLORIDA 33308

City, State & Zip

954 548-7482

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:

THE RYAN FIRM & LEGAL COUNCIL CO

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4240 GALT OCEAN DRIVE SUITE 1404
FT LAUDERDALE FLORIDA 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING MANAGEMENT, BUSINESS DEVELOPMENT

ARTICLE IV SHARES

The number of shares of stock is:

75'000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PRESIDENT : RON RYAN

SECRETARY : ALEXANDRA BOURJAC

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

RON RYAN
4240 GALT OCEAN DRIVE SUITE 1404
FT LAUDERDALE FLORIDA 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALEXANDRA BOURJAC
4240 GALT OCEAN DRIVE SUITE 1404
FT LAUDERDALE, FLORIDA 33308

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 familliar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/08/04

Date

09/08/04

Date