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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Char	is Consulting Services,	Inc.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	.UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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:	Ji	selle Perez	SECRE) TALLAH/	21 NOF 90	
	Name (Printed or typed)			12	FILED
	9733 Hammocks Blvd., # 101			PM 3: 32	ED
	Address			3: 32	
	Miami, Florida 33196 City, State & Zip				
	(786) 399-4661				
	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:

Charis Consulting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9733 Hammocks Blvd., # 101 Miami, Florida 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide professional Human Resources and administrative consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jiselle Perez-Owner 9733 Hammocks Blvd., # 101 Miami, Florida 33196

ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:		
	SE	90
9733 Harmocks Blvd. #101	CRE	MOF
Miami, FL 33196	TARY ASSE	12
ARTICLE VII INCORPORATOR	<u> </u>	. •
The name and address of the Incorporator is:	£0F	Z
Jiselle Perez-Owner	E S	ယ္
9733 Hammocks Blvd., # 101	조목	ည
Miami, Florida 33196	AGI E	~

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

Signature/Registered Agent Date

Vignature/Incorporator Date