

PO6000097131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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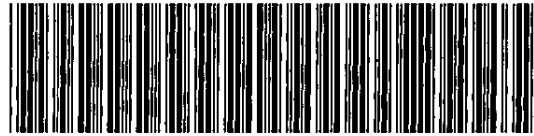
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: AMERICAN COMP CONSULTANT INC
(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: JAMES RUSSELL
Name (Printed or typed)

756 C.R.B S
Address

ST. AUGUSTINE FL 32092
City, State & Zip

386-527-8995
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:

AMERICAN COMPENSATION CONSULTANT INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

756 C.R. 135 SAINT AUGUSTINE FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ADVISE & CONSULT W/ SMALL BUSINESS OWNER
FOR PROFIT/SERVICE FEE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

JAMES RUSSELL
756 C.R. 135
ST. AUGUSTINE FL 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES RUSSELL
756 C.R. 135
ST. AUGUSTINE FL 32092

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

Signature/Incorporator

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA