

P06000122755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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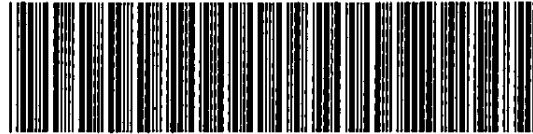
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 25 2006

COVER LETTER

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

SUBJECT: Robert Chris Consulting 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: Rob Chris Prudente

Name (Printed or typed)

12188 Quilting Lane

Address

Boca Raton, Fl. 33428

City, State & Zip

561-703-8144

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:
Robert Chris Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
12188 Quilting Lane
Boca Raton, Fl. 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide consulting services to various businesses.

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):
Rob Prudente
12188 Quilting Lane
Boca Raton, Fl. 33428
President

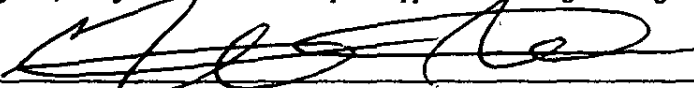
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Rob Prudente
12188 Quilting Lane
Boca Raton, Fl. 33428

ARTICLE VII INCORPORATOR

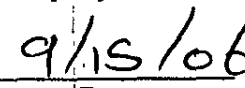
The name and address of the Incorporator is:
Rob Prudente
12188 Quilting Lane
Boca Raton, Fl. 33428

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