

PO6000148400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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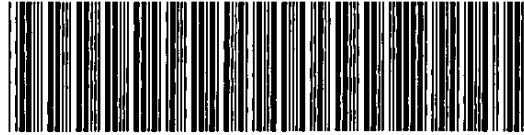
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/16/06--01026--021 **78.75

FILED
OCT 29 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Laucka Consulting Services, 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: Mary Laucka

Name (Printed or typed)

6330 3rd Palm Point

Address

St Pete Beach, FL 33706

City, State & Zip

727-403-1291

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2006

MARY LAUCKA
6330 3RD PALM POINT
ST PETE BEACH, FL 33706

SUBJECT: LAUCKA CONSULTING SERVICES, INC.
Ref. Number: W06000045484

We have received your document for LAUCKA CONSULTING SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 206A00061675

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:

Laucka Consulting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6330 3rd Palm Point, St Pete Beach, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

providing pharmacy consulting services to long-term care nursing facilities

ARTICLE IV SHARES

The number of shares of stock is: 100

none

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mary Laucka
6330 3rd Palm Point
St Pete Beach. FL 33706

ARTICLE VI REGISTERED AGENT

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

William H. Krodel EA, PA
4437 Central Ave.
St. Petersburg, FL 33713

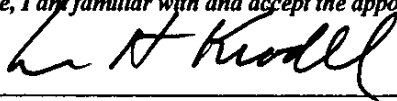
Phone 727 327-6979

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Mary Laucka
6330 3rd Palm Point
St Pete Beach, FL 33706

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

11/27/06

Date

10-12-2006

Date

FILED
06 NOV 29 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA