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(Requestor's Name) (Address)	
(Address)	400084
(City/State/Zip/Phone #)	
(Business Entity Name)	01/18/07-
(Document Number)	i
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Douglas Faulknotave AUTHORIZATION BY PHONE TO CORRECT type in conjuster or DATE THE TOTAL TOTAL OF THE T	1
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COVER LETTER

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

SUBJECT: Faulkner Consulting, INC		4.44
(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:
☐ \$70.00	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	
·		
FROM: Douglas Faulkner		
Name (Printed or typed)	
17510 Tally Ho Ct.		
A	ddress	
Odessa, Florida 33556		
City, S	State & Zip	
813-920-0360	elephone 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:

Faulkner Consulting, INC.

O7 JAN 18 PM 4: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

17510 Tally Ho Ct. Odessa, Florida 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hearing aid sales and service

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):

Douglas Faulkner, MS CCC-A 17510 Tally Ho Ct. Odessa, Florida 33556

ARTICLE VI REGISTERED AGENT

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

Douglas Faulkner 17510 Tally Ho Ct. Odessa, Florida 33556

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Douglas Faulkner 17510 Tally Ho Ct. Odessa, Florida 33556

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 /Incorporator

Signature/Incorporator

Date