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TALLAHASSEE, FLORICA

LEIMER AUG 1 - 2017

## **COVER LETTER**

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

SUBJECT:	H.L. Consulting, Inc.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	`					
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	d a check for:	<del>-</del>		
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED			
FROM:	C/O EDNA M. HOROWITZ			TALLAH	2007 AL	
	Name (Printed or typed)  208 TIDE AVENUE  Address			TARY OF ASSEE, F	2007 AUG 16 PH 12:59	
	TAVERNIER, FL 33070 City, State & Zip			STATE	12:59	
	305-852-1456			· -		

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

N.M.L. Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4316 Chipmunk Drive New Port Richey, FL 34653

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general nature of this Corporation is to transact any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES having an individual par value of \$1.00.

INITIAL OFFICERS AND/OR DIRECTORS

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

Heather M. Lannon 4316 Chipmunk Dr. New Port Richey, FL 34653 President/Director

ARTICLE VI REGISTERED AGENT

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

Edna M. Horowitz 208 Tide Avenue Tavernier,FL 33070

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Edna M. Horowitz 208 Tide Avenue Tavernier, FL 33070

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

gnature/Registered Agent

Signature/Incorporator

Date