

P08000008980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

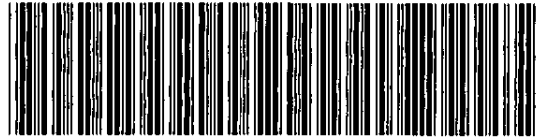
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900115975819

01/24/08--01044--014 \*\*87.50

FILED  
2008 JAN 24 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/12/05

## COVER LETTER

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

SUBJECT: MAUREEN CHESTON 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: MAUREEN CHESTON  
Name (Printed or typed)

461 SE FALLON

Address

PT. ST. LUCIE FL 34983

City, State & Zip

772 979 1241

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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

MAUREEN CHESTON CONSULTING INC

2008 JAN 24 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

461 SE FALLON PT. ST. LUCIE FL 34983

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SAFETY CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is:

2,500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MAUREEN CHESTON 461 SE FALLON PT. ST LUCIE FL 34983  
PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

MAUREEN CHESTON  
461 SE FALLON  
PT. ST. LUCIE FL 34983

**ARTICLE VII INCORPORATOR**

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

MAUREEN CHESTON  
461 SE FALLON  
PT. ST. LUCIE FL 34983

\*\*\*\*\*

*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*

Maureen Cheston  
Signature/Registered Agent

Maureen Cheston  
Signature/Incorporator

FILED

2008 JAN 24 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 JANUARY 2008  
Date

19 JANUARY 2008  
Date