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SECRETARY OF STATE PALLAHASSEE FI OPIDA



COVER LETTER

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

SUBJECT: AAJS	S Consulting, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	<u>.ude suffix</u>)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 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 PPY REQUIRED	
FROM:	Name (t Goldstein Printed or typed) NW 29th Street		
-	Sunrise, FL 33323 City, State & Zip			
	954-816-1021 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:

AAJS Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

11710 NW 29th Street Sunrise, FL 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Consulting, Bookkeeping and Tax Services

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Janet Goldstein 11710 NW 29th Street Sunrise, FL 33323 President

ARTICLE VI REGISTERED AGENT

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

Janet Goldstein 11710 NW 29th Street Sunrise, FL 33323

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Janet Goldstein 11710 NW 29th Street Sunrise, FL 33323

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

1/31/09 Date

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