

P09000052223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

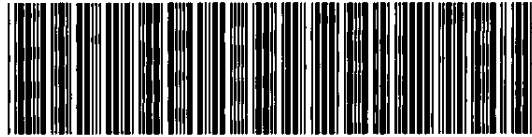
(Document Number)

Certified Copies _____

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2009 JUN 15 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: m. klein 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Marc Klein
Name (Printed or typed)

1439 Montecito Ave.
Address

Deltona, Florida 32738-5127
City, State & Zip

386/216-1764
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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: m. klein consulting, inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 1439 Montecito Ave.
Deltona, FL 32738-5127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: business consulting

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Marc Klein
1439 Montecito Ave.
Deltona, Florida 32738-5127

ARTICLE VII INCORPORATOR

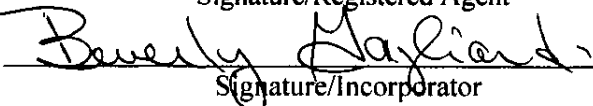
The name and address of the Incorporator is:

Wisdom Consulting, Inc.
249 Bellagio Circle, 204
Sanford, Florida 32771

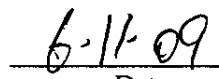
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



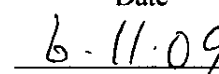
Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA