

P090000069005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

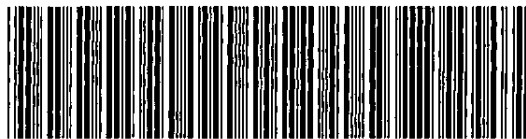
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000159540350

08/17/09--01012--017 **87.50

FILED
09 AUG 17 PM 5:00
TOLSON
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

nd
8-17-09

COVER LETTER

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

SUBJECT: My Psychic Consultant, 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: Jonathan Horblitt
Name (Printed or typed)

1762 N.W. 84th Drive
Address

Coral Springs, Fl. 33071
City, State & Zip

954-249-0579
Daytime Telephone number

jdhwings@aol.com
E-mail address: (to be used for future annual report notification)

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

(7)

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: My Psychic Consultant, Inc

ARTICLE II PRINCIPAL OFFICE

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

1762 N.W. 84th Drive
Coral Springs, Fl. 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Consulting

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):

Diane Mannarino, President	Jonathan Horblitt, Sec/Treasurer
11805 Royal Palm Blvd.	1762 N.W. 84th Drive
Coral Springs, Fl. 33065	Coral Springs, Fl. 33071

ARTICLE VI REGISTERED AGENT

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

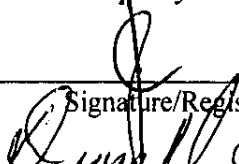
Jonathan Horblitt
1762 N.W. 84th Drive
Coral, Springs, Fl. 33071


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

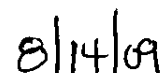
Diane Mannarino
11805 Royal Palm Blvd.
Coral Springs, Fl. 33065


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

FILED
09 AUG 17 PM 5:00
CLERK OF COUNTY OF DADE
CORAL SPRINGS, FL 33071