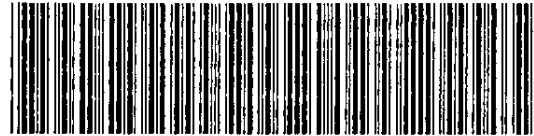


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

PS 3/24/11

COVER LETTER

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

SUBJECT: LKS 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: LKS CONSULTING, INC.

Name (Printed or typed)

1171 TAYLOR AV.

Address

DUNEDIN, FLORIDA, 34698

City, State & Zip

727-734-3680 (CELL 727-631-5372)

Daytime Telephone number

KITMRN@GMAIL.COM

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: LKS CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1171 Taylor Ave.
Dunedin
Florida, 34698

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide consulting and promotional services in the fields of Medicine, Pharmaceutical and related areas; to employ persons as needed to provide such services; and to engage in all related, or non-related, activities, as may be, from time to time, allowed to Corporations by the Laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred (100) shares of Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Katherine R. Meador, Pres/Director</u>	Name and Title:	_____
Address:	<u>1171 Taylor Ave.</u>	Address:	_____
	<u>Dunedin, Florida, 34698</u>		_____

Name and Title:	<u>Robert C. Meador, V Pres. Sec/Tres/Director</u>	Name and Title:	_____
Address:	<u>1171 Taylor Ave</u>	Address:	_____
	<u>Dunedin, Florida, 34698</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

Name: Robert C Meador
Address: 1171 Taylor Ave
Dunedin, Florida 34698

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Katherine R. Meador
Address: 1171 Taylor Ave
Dunedin, Florida, 34698

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


Required Signature/Registered Agent

March 21, 2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

March 21, 2011
Date