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COVER LETTER

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

SUBJECT: Developing Strategies Consulting, Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:			
□ 0 □ □ □ □ □ □ □ □				
\$70.00 Filing Fee Filing Fee	\$78.75 \$87.50 Filing Fee,			
& Certificate of Status	Filing Fee, & Certified Copy Certified Copy			
	& Certificate of			
	Status ADDITIONAL CODY DECLUDED			
	ADDITIONAL COPY REQUIRED			
FROM: Deanne Miranda				
Name	e (Printed or typed)			
DO Boy 600				
PO Box 699	Address			
Riverview, FL 33568				
City,	State & Zip			
813.679.5636				
	elephone number			

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

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



August 23, 2011

DEANNE MIRANDA PO BOX 699 RIVERVIEW, FL 33568

SUBJECT: DEVELOPING STRATEGIES CONSULTING, INC.

Ref. Number: W11000043975

We have received your document for DEVELOPING STRATEGIES CONSULTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the Corporation in Article I.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 211A00019774

•	ARTICLES OF INCO	DDDOD A TION	
	In compliance with Chapter 607 and	/or Chapter 621, F.S. (Profit)	
ARTICLE I N	NAME Developing Strate ORINGIPAL OFFICE	Lair CANSUltin	a Inc.
The name of the corpo	oration shall be: Developing Smat	regies who have	3,-
ARTICLE II P			
_	Principal street address Estats Pl.	Dr RAVIGO	ress, if different is:
	Riverview, FL 33569	Pule (Jex)	FL 33568
APTICI FIII DI	RIVERVIEW, FL 33569 WRPOSE The the corporation is organized is: It provided to the corporation of the provided to the provid	VIA. 155	
The purpose for which	ch the corporation is organized is:	ide consulting 5	ervices
fe local 1	non profits and governmen	tal agencies.	
	,	J	
			∑ ∞
ARTICLE IV S	HARES .		SE SE
The number of shares	of stock is:		ASS TO
ARTICLE V II	NITIAL OFFICERS AND OR DIRECTOR		
Address:	Sond River wood tot PI	Name and Title: Address:	
	PIVER VIEW, FL 33519	<u></u>	5 0
Name and Tide		Name and Title:	
Address:	×	Address:	
Name and Title		Name and Title:	
Address:			
ARTICLE VI R	EGISTERED AGENT		
The name and Floric	da street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name: Address:	5008 River Wood EST PI	- -	
	KINETVIEW, HL 33569	_	
	NCORPORATOR		
Name:	ess of the Incorporator is:		
Address:	of Riverwood Est Pl	_	
Having been named	as registered agent to accept service of proces	 e for the above stated corner.	ation at the place designated in
	as registered agent to accept service of process familiar with and accept the appointment as reg		
- BA	nnander		\$130 h
	Required Signature/Registered Agent		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

8 30/11 Date