

P11000098728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

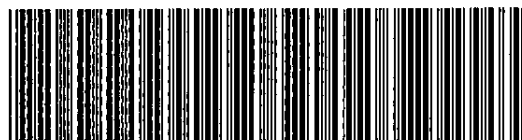
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

t. Burch NOV 16 2011

## COVER LETTER

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

SUBJECT: DRG Mangement 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: Rosani Kowalik

Name (Printed or typed)

6110 Ridge Lane

Address

Ocean Ridge, FL 33435

City, State & Zip

561-542-6595

Daytime Telephone number

rosanikowalik@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: DRG Management Consulting, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6110 Ridge Ln  
Ocean Ridge, FL 33435

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Profit

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (one hundred)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Rosani Kowalik</u>	Name and Title: _____
Address: <u>6110 Ridge Ln</u>	Address: _____
<u>Ocean Ridge, FL 33435</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Rosani Kowalik  
Address: 6110 Ridge Ln  
Ocean Ridge, FL 33435

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rosani Kowalik  
Address: 6110 Ridge Ln  
Ocean Ridge, FL 33435

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] Required Signature/Registered Agent      ✓ 11/10/2011 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.

✓ [Signature] Required Signature/Incorporator      ✓ 11/10/2011 Date

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TALLAHASSEE, FLORIDA