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•				
(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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COVER LETTER

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

SUBJECT: IAGLAND CONSULTI	NG INC			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
•				
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: CHARLES D BLALOCK Name	(Printed or typed)			
1007 FAIRWINDS CR SUITE 207				
A	Address			
PLANT CITY FL 33563 City,	State & Zip			
813-361-6060 Daytime To	elephone number			
cha.tampa@verizon.net	for future annual report notification)			
L-man 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 The name of the o	NAME TAGLAND CONSULTON CONSULTO CONSULTON CONSULTON CONSULTON CONSULTON CONSULTON CONSULTON CONS	TING INC		
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if different is:	
2	3532 SAN REMO TERRACE			
	SARASOTA, FL 34239		12 VS	
			<u> </u>	
ARTICLE III			2 FA	
	which the corporation is organized is:		S CONTE	
GENERAL E	BUSINESS		AN 10: 55	
			ST ST	
			55 Flows	
ARTICLE IV	SHARES			
	ares of stock is: 500			
The number of six	ares of Stock is.			
	INITIAL OFFICERS AND/OR DIRECT			
Name and 7	Title: WILLIAM C TAGLAND PRESIDE	NT Name and Title	e:	
Address:	P.O. BOX 25114	Address:		
•	SARASOTA, FL 34277			
	·			
	The state of the s	ar toria		
Name and	Title:	Name and Title	B:	
Address:		Address:		
	· · · · · · · · · · · · · · · · · · ·		the state of the s	
Name and T	Fitle:	Name and Title	2 :	
Address:				
The <u>name and Fl</u> Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable WILLIAM C TAGLAND 532 SAN REMO TERRACE	e) of the registered age	ent is:	
	SARASOTA FL 34239			
ARTICLE VII	INCORPORATOR			
	Idress of the Incorporator is:			
Name:	WILLIAM C TAGLAND			
	S32 SAN REMO TERRACE			
J	SARASOTA FL 34239			
Having been nam	ned as registered agent to accept service of pro an familiar with and accept the appointment as	cess for the above st	ated corporation at the place designated in	
inis cerujicuje, i g	im jumular wan and accept the appointment as	regisiereu ageni ana	agree to act in this capacity	
			10 200	
The state of the s	Required Signature/Registered Agent		Date Date	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a				
	Department of State constitutes a third degree fe			
		, ,		
0			1/3/11/18/2012	
	Required Signature/Incorporator		Date	