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COVER LETTER

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

SUBJECT: International Consultant + Mediation Services, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Barbara A. Nollie
Name (Printed or typed)

11418 Donna Dr.
Address

Tampa, Fl. 33637
City, State & Zip

804-307-3366
Daytime Telephone number

Bestchoicesrealestate@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: International Consultant & Mediation Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
11418 DONNA DR.
TAMPA, FL
33637

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Public Services in Health Assessments (Mental Health), Consultant, Mediation, Life Coaching, Education, Prevention, Intervention, Referral services in Addiction Handling Substance, Mental Health; and other addictive behaviors, Investigative Services, Workforce Readiness Skills (7 Step/13 Step/12 Step Intervention Courses) College Readiness/Tutoring/Preparation, Legal Negotiations, Spiritual Counseling + Consulting, Financial Consulting, Answering Service (Phone) and supportive services in said categories.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBARA A. NOLLIE, CEO
Address: 11418 DONNA DR.
TAMPA, FL.
33637

Name and Title: Kaylen M. Nollie, Officer
Address: 11418 DONNA DR.
TAMPA, FL.
33637

OFFICER Name and Title: Kandace L. Nollie
Address: #11418 DONNA DR.
TAMPA, FL.
33637

Name and Title:
Address:

OFFICER Name and Title: Leslie Nollie-Hernandez
Address: 94-1096 NANELE ST.
WAIPAHU, HAWAII
96797

Name and Title:
Address:

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ARTICLE VI REGISTERED AGENT

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

Name: BARBARA A. NOLLIE
Address: 11418 DONNA DR
TAMPA, FL. 33637

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARBARA A. Nollie
Address: 11418 DONNA DR
TAMPA, FL. 33637

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

Barbara A Nollie
Required Signature/Registered Agent

8/24/12
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.

Barbara A Nollie
Required Signature/Incorporator

8/24/12
Date