

P12000086721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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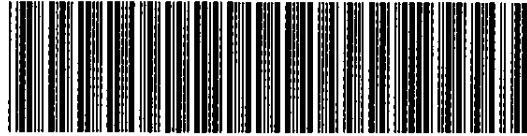
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 OCT 12 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL 32399

10/15/12

COVER LETTER

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

SUBJECT: Santorini Consultants 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: Andreas Vlahos

Name (Printed or typed)

600 NE 36th St, Apt 1823

Address

Miami, FL 33137

City, State & Zip

(305) 409-9469

Daytime Telephone number

andreas.vlahos@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 Santorini Consultants Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
600 NE 36th St. Apt 1823
Miami, FL 33137

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Consultancy, to include but not limited to Business Analysis, Financial Analysis, Advisory.

ARTICLE IV SHARES

The number of shares of stock is: 5000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andreas Vlahos - CEO
Address: 600 NE 36th St. Apt 1823
Miami, FL 33137

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

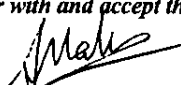
Name: Andreas Vlahos
Address: 600 NE 36th St. Apt 1823
Miami, FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andreas Vlahos
Address: 600 NE 36th St. Apt 1823
Miami, FL 33137

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

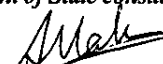


Required Signature/Registered Agent

10/08/2012

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

10/08/2012

Date

FILED
OCT 12 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA