

P12000097925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

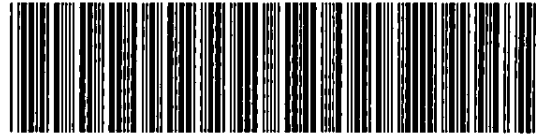
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: AESIR 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: ROBERT STONE  
Name (Printed or typed)  
2450 TIM GAMBLE PLACE  
Address  
TALLAHASSEE FL 32308  
City, State & Zip  
850 - 251-5147  
Daytime Telephone number  
RSTONE@AESIRCONSULTING.NET  
E-mail address: (to be used for future annual report notification)

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

I. ROBERT STONER HAVE NO INTENTION OF

REVOKEING THE ADMINISTRATIVE DISSOLUTION OF AESIR  
CONSULTING, INC. DOCUMENT # P11000084693



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TALLAHASSEE, FLORIDA

**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: **AESIR CONSULTING, INC.**

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**12 NOV 29 PM 3:53**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**2450 TIM GAMBLE PLACE  
TALLAHASSEE FL 32308**

Mailing address, if different is:

**TALLAHASSEE, FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**BUSINESS IT CONSULTING**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **ROBERT STONER, PRESIDENT**

Address: **2450 TIM GAMBLE PLACE  
TALLAHASSEE FL 32308**

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: **ROBERT STONER**

Address: **2450 TIM GAMBLE PLACE  
TALLAHASSEE FL 32308**

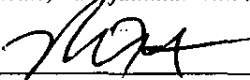
**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: **ROBERT STONER**

Address: **2450 TIM GAMBLE PLACE  
TALLAHASSEE FL 32308**

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

**11/29/12**

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.



Required Signature/Incorporator

**11/29/12**

Date