

P130000040895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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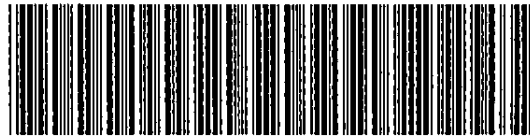
(Business Entity Name)

(Document Number)

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

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FILED  
13 MAY -6 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
5/7/13

## COVER LETTER

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

**SUBJECT:** ELSCO 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:** Erika Scelzi

Name (Printed or typed)

5945 Newport Village Way

Address

Lake Worth, FL 33463

City, State & Zip

561-685-3895

Daytime Telephone number

steveanderika95@yahoo.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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: ELSCO Consulting, Inc.

**13 MAY -6 PM 12: 39**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

5945 Newport Village Way

Lake Worth, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide consulting services in the healthcare industry including, but not  
limited to, navigation services for the newly established health exchanges  
as well as placement services within the system.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Erika Scelzi, CEO

Name and Title: Matthew Benoliel, CFO

Address 5945 Newport Village Way  
Lake Worth, FL 33463

Address: 7931 Picklewood Park Dr.  
Boynton Beach, FL 33437

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: _____	Name and Title: <b>FILED</b>
Address _____	<b>13 MAY -6 PM 12: 30</b>
_____	<b>SECRETARY OF STATE</b>
_____	<b>TALLAHASSEE, FLORIDA</b>

**ARTICLE VI REGISTERED AGENT**

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

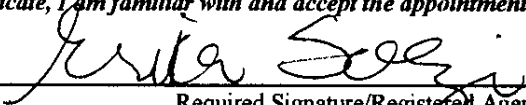
Name: Erika Scelzi  
Address: 5945 Newport Village Way  
Lake Worth, FL 33463

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Matthew Benoliel  
Address: 7931 Picklewood Park Dr.  
Boynton Beach, FL 33437

*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*

<u></u>	<u>04/19/2013</u>
Required Signature/Registered Agent	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.*

<u></u>	<u>04/19/2013</u>
Required Signature/Incorporator	Date