

P 13000040928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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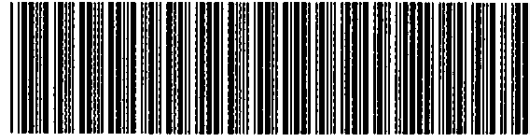
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY -6 PM 1:04

5/7/13

## COVER LETTER

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

**SUBJECT:** Forensic Settlement 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:** Rene Mesa  
Name (Printed or typed)  
801 Northpoint Parkway Suite #32  
Address  
West Palm Beach, FL 33407  
City, State & Zip  
305-744-6134  
Daytime Telephone number  
theforexdoctor@yahoo.com  
E-mail address: (to be used for future annual report notification)

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**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: Forensic Settlement Consulting Inc.

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**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

801 Northpoint Parkway Suite #32  
West Palm Beach, FL 33407

Mailing address, if different is: **13 MAY -6 PM 1:04**

801 Northpoint Parkway Suite #32  
West Palm Beach, FL 33407

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: RENE MESA Name and Title: \_\_\_\_\_

Address 801 Northpoint Parkway Suite #32 Address: \_\_\_\_\_  
West Palm Beach, FL 33407

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

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

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

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

(conti.)

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: CYNTHIA SANDERS

Address: 2477 NW 95TH STREET

CORAL SPRINGS, FL 33065

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RENE MESA

Address: 801 Northpoint Parkway Suite #32

West Palm Beach, FL 33407

*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*

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Required Signature/Registered Agent

5/2/2013

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.*

Rene Mesa

Required Signature/Incorporator

5/2/2013

Date