

P13000046049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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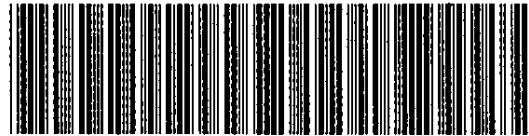
(Business Entity Name)

(Document Number)

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

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13 MAY 24 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Shivers MAY 28 2013

## COVER LETTER

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

### SUBJECT:

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

CON-AM CONSULTING, Inc

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:

Name (Printed or typed)

SHERRY GIBBUS

Address

2 BARCLAY LANE

City, State & Zip

PALE COAST FL 32137

Daytime Telephone number 360-820 2768

TEN@SHERRY G C YAHOO.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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: CON-AM CONSULTING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2 BARKLEY LANE  
PALM COAST FL 32137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ACCOUNTING AND TAX CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:

SHERY GINSER PRES

Address

2 BARKLEY LANE  
PALM COAST FL 32137

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE FLORIDA

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(conti.)

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: Sherry Girgis

Address: 2 BARKLEY LANE  
PALM BEACH FL 32137

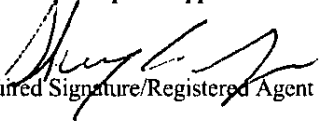
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sherry Girgis

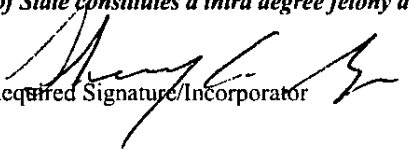
Address: 2 BARKLEY LANE  
PALM BEACH FL 32137

*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

5/24/13  
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

5/24/13  
Date

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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