

P130000071725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800251011658

08/26/13--01030--003 \*\*70.00

FILED  
13 AUG 26 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WMD 8/29

## COVER LETTER

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

SUBJECT: **PARKSIDE CONSULTING CORP.**  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **BRETT KANTOR**  
Name (Printed or typed)

**401 GOLDEN ISLES DR. #414**  
Address

**HALLANDALE BEACH, FL 33009**  
City, State & Zip

**(646) 549-4177**  
Daytime Telephone number

**BKANTOR@APEX-NYC.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**

The name of the corporation shall be: PARKSIDE CONSULTING CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

401 GOLDEN ISLES DR. #414

HALLANDALE BEACH, FL 33009

Mailing address, if different is:

FILED  
13 AUG 26 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

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

Name and Title: BRETT KANTOR, PRESIDENT

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

Address: 401 GOLDEN ISLES DR #414

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

HALLANDALE BEACH, FL

33009

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

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

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

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

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

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

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

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

(cont.)

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: BRETT KANTOR  
Address: 401 GOLDEN ISLES DR #414  
HALLANDALE BEACH, FL 33009


FILED  
13 AUG 26 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BRETT KANTOR  
Address: 401 GOLDEN ISLES DR #414  
HALLANDALE BEACH, FL 33009

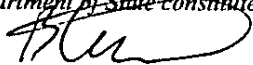
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

8/19/13  
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

8/19/13  
Date