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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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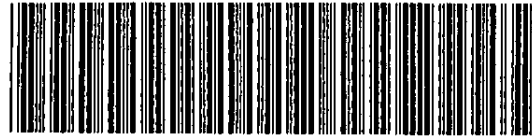
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
9/19/13

COVER LETTER

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

SUBJECT: **Kerzner 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: **Aaron Kerzner**

Name (Printed or typed)

22838 Killington Blvd

Address

Land O' Lakes, FL 34639

City, State & Zip

813-334-7840

Daytime Telephone number

kerz007@gmail.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: Kerzner Consulting, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is 19 SEP 18 PM 3:38

22838 Killington Blvd

Land O Lakes, FL

34639

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Information Technology Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Kerzner, CEO Name and Title: _____

Address 22838 Killington Blvd Address: _____
Land O Lakes, FL 34639

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____

Name and Title: _____

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Address _____

Address: _____

13 SEP 16 PM 3:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE VI REGISTERED AGENT

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

Name: _____

Aaron Kerzner

Address: _____

22838 Killington Blvd

Land O Lakes, FL 34639

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____

Aaron Kerzner

Address: _____

22838 Killington Blvd

Land O Lakes, FL 34639

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

Date

9/11/13

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

Date

9/11/13