

PR3000079265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

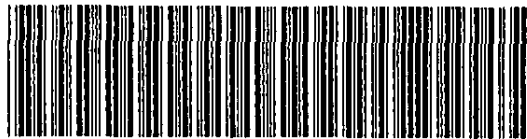
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Certified Copies 1

Certificates of Status 1

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 23 PM 2:57

Handwritten signature and date 9/25/13

COVER LETTER

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

SUBJECT: Cambridge Science Consultants 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Wilton L. Virgo
Name (Printed or typed)

8329 Mobile Circle
Address

Weeki Wachee, FL 34613-4066
City, State & Zip

(480) 221-2841
Daytime Telephone number

wilton.virgo@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)

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ARTICLE I NAME

The name of the corporation shall be:

Cambridge Science Consultants

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8329 Mobile Circle

Weeki Wachee, FL 34613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

ARTICLE IV SHARES

The number of shares of stock is:

75

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wilton L. Virgo, President

Name and Title:

Address 8329 Mobile Circle

Address:

Weeki Wachee, FL 34613

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Wilton L. Virgo

Address: 8329 Mobile Circle

Weeki Wachee, FL 34613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wilton L. Virgo

Address: 8329 Mobile Circle

Weeki Wachee FL, 34613

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

Wilton L. Virgo
Required Signature/Registered Agent

9/17/13
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.

Wilton L. Virgo
Required Signature/Incorporator

9/17/13
Date