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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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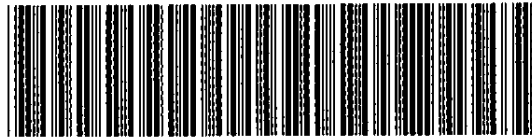
(Business Entity Name)

(Document Number)

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155 Office Plaza Dr Ste A Tallahassee FL 32301
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DATE: 12-05-13

NAME: AREA CONSULTANTS INC

TYPE OF FILING: ARTICLES OF INCORPORATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge
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COVER LETTER

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

SUBJECT: Area 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Karina Pulskamp

Name (Printed or typed)

1701 Directors Blvd. Ste 300

Address

Austin TX 78744

City, State & Zip

888-705-7274

Daytime Telephone number

clientservices@rasi.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: Area Consultants Inc.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

625 Casa Loma Blvd Apt 602

Boynton Beach, FL 33435

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Management consulting

ARTICLE IV SHARES
The number of shares of stock is: 100 Common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Dodek- Director
Address: 625 Casa Loma Blvd Apt 602
Boynton Beach, FL 33435

Name and Title: Robert Dodek- President
Address: 625 Casa Loma Blvd Apt 602
Boynton Beach, FL 33435

Name and Title: Robert Dodek- Secretary
Address: 625 Casa Loma Blvd Apt 602
Boynton Beach, FL 33435

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE FLORIDA

(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: Registered Agent Solutions, Inc.
Address: 155 Office Plaza Dr. Suite A
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Dodek
Address: 625 Casa Loma Blvd Apt 602
Boynton Beach, FL 33435

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

Jaclyn Wright Jaclyn Wright, Asst. Sec.
Required Signature/Registered Agent

12/05/2013
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.

Robert Dodek Robert Dodek
Required Signature/Incorporator

12/4/2013
Date

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TALLAHASSEE FLORIDA