

PI40000005013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

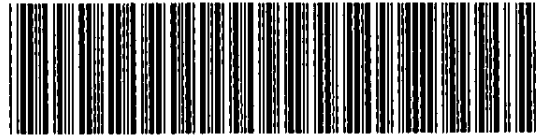
(Business Entity Name)

(Document Number)

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

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MD 161

## COVER LETTER

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

SUBJECT: AES 112 SOFTWARE 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: ROBERT STINE  
Name (Printed or typed)

2450 TIM GAMBLE AVE #250  
Address

TALLAHASSEE FL 32308  
City, State & Zip

850-251-5147  
Daytime Telephone number

RS@AESC12CONSULTING.NET  
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: AESIR SOFTWARE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2450 TIM GAMBLE PLACE #250

TALAHASSEE FL 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: BUSINESS SOFTWARE DEVELOPMENT

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ROBERT STANER PRESIDENT Name and Title: \_\_\_\_\_

Address 2450 TIM GAMBLE PLACE #250 Address: \_\_\_\_\_

TALAHASSEE FL 32308

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

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

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

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

(conti.)

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: ROBERT STANER  
Address: 2400 TIM GABLE AVE 250  
TALLAHASSEE FL 32308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

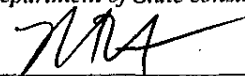
Name: ROBERT STANER  
Address: 2400 TIM GABLE AVE 250  
TALLAHASSEE FL 32308

*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

1/21/14  
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

1/21/14  
Date

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STATE OF FLORIDA  
JAN 21 2014

14 JAN 21 AM 11:43

APPROVED  
FEB 20