

MT 1/2

COVER LETTER

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

SUBJECT: AESIR 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: ROBERT STONER
Name (Printed or typed)

2450 TIM GAMBLE PLACE #250
Address

TALLAHASSEE FL 32308
City, State & Zip

850-251-5147
Daytime Telephone number

RSTONER@AESIRCONSULTING.NET
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

I ROBERT STONER DUE HEREBY SWEAR THAT I WILL
NOT RESTATE AER CONSULTING, INC. PLEASE RELEASE THE
CORPORATION NAME.



ROBERT STONER

1/21/14

RECEIVED
FEB 10 2014
FLORIDA

14 JAN 21 AM 11:47

APPROVED
FILED

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 CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2450 TIM GAMBLE PLACE #250

TALLAHASSEE FL 32308

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT STONER P Name and Title: _____

Address 2450 TIM GAMBLE PLACE Address: _____

#250

TALLAHASSEE 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 STONER
Address: 2450 TIM GARDLE AVE #250
TALLAHASSEE FL 32308


14 JAN 21 AM 11:47
STATE
TALLAHASSEE FLORIDA
APPROVED
FEB 13 2014

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: ROBERT STONER
Address: 2450 TIM GARDLE 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 1/29/14 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 1/29/14 Date