

P14000009411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

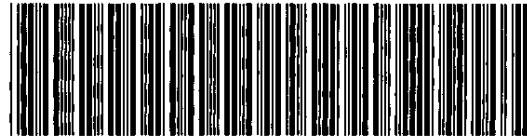
Edward Martin ONE

AUTHORIZATION BY PHONE TO

CORRECT officer title to be President instead of owner

DATE 02/03/14 @ 2:39 pm

DOC. EXAM [Signature]



600256029416

01/27/14--01049--026 **87.50

FEB - 3 2014

J. BRYAN

COVER LETTER

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

SUBJECT: PFE CONSULTING, INCORPORATED
(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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: EDWARD MARTIN
Name (Printed or typed)

191 CARROLL STREET
Address

ISLAMORADA, FL 33036
City, State & Zip

239-850-8862
Daytime Telephone number

ED.MARTIN@PFECONSULTING.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: PFE CONSULTING, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

81902 OVERSEAS HWY

ISLAMORADA, FL 33036

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE SECURITY CONSULTING
SERVICES TO BUSINESSES THROUGHOUT THE UNITED STATES,
CANADA, & SOUTH/CENTRAL AMERICA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD MARTIN, President Name and Title: _____

Address 191 CARROLL STREET Address: _____

ISLAMORADA, FL 33036

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:

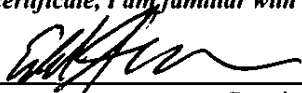
Name: EDWARD MARTIN
Address: 191 CARROLL STREET
ISLAMORADA, FL 33036

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDWARD MARTIN
Address: 191 CARROLL STREET
ISLAMORADA, FL 33036

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

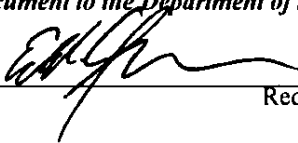


Required Signature/Registered Agent

21 JAN 2014

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

21 JAN 2014

Date