

PH000011149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 2/6

COVER LETTER

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

SUBJECT: A Le 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: Aubrey Le

Name (Printed or typed)

9056 Alexandra Circle

Address

Wellington, FL 33414

City, State & Zip

5619005914

Daytime Telephone number

aubrey4410@yahoo.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: A Le Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

9056 Alexandra Circle
Wellington, FL 33414

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to provide consulting services.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Aubrey Le - President</u>	Name and Title:	_____
Address	<u>9056 Alexandra Circle</u>	Address:	_____
	<u>Wellington, FL 33414</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

(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: Aubrey Le
Address: 9056 Alexandra Circle
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Aubrey Le
Address: 9056 Alexandra Circle
Wellington, FL 33414

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ED
FLORIDA STATE
DEPARTMENT OF
REVENUE

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:

Aubrey Le
Required Signature/Registered Agent

1/27/13
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.

Aubrey Le
Required Signature/Incorporator

1/27/13
Date