## PH0003177

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Office Use Only



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## **COVER LETTER**

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

## SUBJECT: Consulting Business Otero's Group (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED

í: <u> </u>	Arturo Otero  Name (Printed or typed)
2	2439 Timothy Lane
_	Address
ł	Kissimmee, Fl 34743
-	City, State & Zip
2	407-230-9051
_	Daytime Telephone number

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



March 25, 2014

ARTURO OTERO 2439 TIMOTHY LANE KISSIMMEE, FL 34743

SUBJECT: CONSULTING BUSINESS OTERO'S GROUP

Ref. Number: W14000018946

We have received your document for CONSULTING BUSINESS OTERO'S GROUP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 314A00006399

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

Division of Commercial D.O. DOV 2007 Well-based Florida 2001

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal office Principal street address  39 Timothy Lane		M	failing address, if	differen	it is:	
ssimmee, f	FI 34743					
ourpose for which	RPOSE the corporation is organized is: wth & expansion, cash flow management, funding, im		es, profitability, sales		ing and	fina
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				STATE	<del>ي</del> 00	
TICLE IV SH number of shares of				>		
Name and Ti	itial officers and/or director	Name and Title:		•		
ICLE V IN	ITIAL OFFICERS AND/OR DIRECTO			•		
Name and Tit Address	Arturo Otero/Director  2439 Timothy Lane  Kissimmee, FI 34743	Name and Title: Address:		•		
Name and Tit Address	ITIAL OFFICERS AND/OR DIRECTO Ile: Arturo Otero/Director 2439 Timothy Lane	Name and Title: Address:  Name and Title:		•		
Name and Tit Address  Name and Tit	Arturo Otero/Director  2439 Timothy Lane Kissimmee, Fl 34743	Name and Title: Address:  Name and Title:		•		
Name and Tit Address  Name and Tit Address	Arturo Otero/Director  2439 Timothy Lane Kissimmee, Fl 34743	Name and Title: Address:  Name and Title: Address:		•		

Name ar	nd Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and F Name:	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable) of Arturo Otero	f the registered agent is:	14 APR
Address:	2439 Timothy Lane Kissimmee, Fl 34743	-	-7 PA
ARTICLE VII	INCORPORATOR		STATE STATE
The name and a	ddress of the Incorporator is:		,
Name:	Arturo Otero	_	
Address:	2439 Timothy Lane		
	Kissimmee, FI 34743	-	
	med as registered agent to accept service of process am familiar with and accept the appointment as reg		
V\$	Required Signature/Registered Agent	<del></del>	Date
I submit this do	Required Signature/Registered Agent cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the fals y as provided for in s.817.155,	se information submitted in a
— A	Required Signature/Incorporator	<del></del>	Date