

P14000032785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

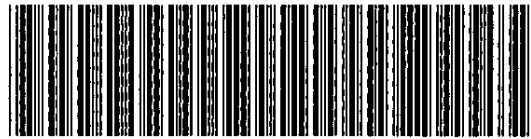
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 10 AM 11:21

B 4/14/14

## COVER LETTER

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

SUBJECT: **AZURE CONSULTING GROUP, 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: **Hector Perez**  
Name (Printed or typed)  
**4538 SW 147 Ct**  
Address  
**Miami, FL 33185**  
City, State & Zip  
**305-934-1411**  
Daytime Telephone number  
**Hectorperez14@hotmail.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:

**AZURE CONSULTING GROUP, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**4538 SW 147ct Miami, FL 33185**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**The purpose for which the corporation is organized**

**is to engage in any activity or business permitted under the laws of the  
State of Florida.**

**ARTICLE IV SHARES**

1500 COMMON SHARES PAR VALUE \$0.01

The number of shares of stock is:

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

Name and Title: **Hector Perez / President**

Name and Title:

Address

**4538 SW 147ct**

Address:

**Miami, FL 33185**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(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: Hector Perez  
Address: 4538 SW 147ct  
Miami, FL 33185

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DIVISION OF CORPORATIONS

**ARTICLE VII INCORPORATOR**

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

Name: Hector Perez  
Address: 4538 SW 147ct Miami, FL 33185  
\_\_\_\_\_

*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

4-4-14  
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

4-4-14.  
Date

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**ARTICLE IV SHARES**

1500 COMMON SHARES PAR VALUE \$0.01

The number of shares of stock is:

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

Name and Title: **Hector Perez / President**

Address **4538 SW 147ct**

**Miami, FL 33185**

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(conti.)

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

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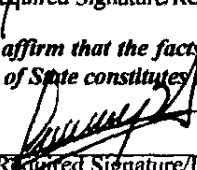
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\_\_\_\_\_  
Required Signature/Incorporator

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