

P14000035720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

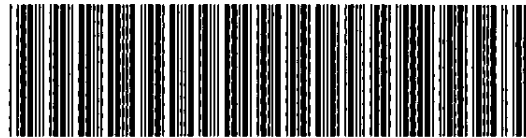
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/21/14--01032--008 **70.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: The Missing Supplement Consulting Co.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Alvaro A. Varela
Name (Printed or typed)

1865 Everlee Rd.
Address

Jacksonville, FL 32216
City, State & Zip

904 273 9702
Daytime Telephone number

aav0222@gmail.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: The Missing Supplement Consulting Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1865 Everlee Rd.

Jacksonville, FL 32216

Mailing address, if different is:

1865 Everlee Rd.

Jacksonville, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alvaro A. Varela - President

Address: 101 Natures Way
Ponte Vedra, FL 32082

Name and Title: Byron Colley - VicePresident

Address: 512 18th Street North
Jax Beach, FL 32250

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(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: Alvaro A. Varela

Address: 1865 Everlee Rd.

Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

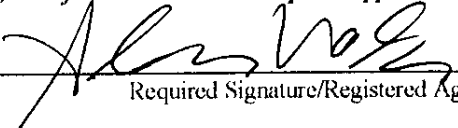
The **name and address** of the Incorporator is:

Name: Alvaro A. Varela

Address: 1865 Everlee Rd.

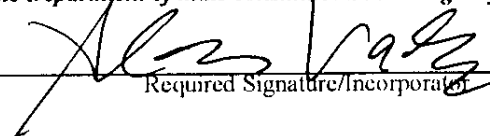
Jacksonville, FL 32216

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

04/17/14
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

04/17/14
Date

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TALLAHASSEE FLORIDA