

PK40000046520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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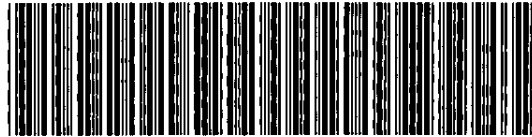
(Business Entity Name)

(Document Number)

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14 MAY 27 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 5/29

COVER LETTER

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

SUBJECT: STRATEGIC PARTNERS AND CONSULTANT CORP.
(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: GABRIEL ORDEN
Name (Printed or typed)

4110 NW 88 AVE #201
Address

CORAL SPRING, FL 33065
City, State & Zip

954-275 6269
Daytime Telephone number

ORDENGABRIEL@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: STRATEGIC PARTNERS AND CONSULTANT CORP.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

4110 NW 88 AVE #201
CORAL SPRING, FL 33065

Mailing address, if different is:

4110 NW 88 AVE #201
CORAL SPRING, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE AND CONSTRUCTION CONSULTING.

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CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000 -

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GABRIEL ORDEN / PRESIDENT Name and Title: _____

Address: 4110 NW 88 AVENUE #201 Address: _____
CORAL SPRING, FL
33065

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: GABRIEL ORDEN
 Address: 4110 NW 88 AVENUE #201
CORAL SPRING, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: GABRIEL ORDEN
 Address: 4110 NW 88 AVENUE #201
CORAL SPRING, FL 33065

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 TALLAHASSEE, FLORIDA

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

GABRIEL ORDEN 5-20-2014
 Required Signature/Registered Agent 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.

GABRIEL ORDEN 5-20-2014
 Required Signature/Incorporator Date