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COVER LETTER

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

SUBJECT: RYA	AN JOHNSTON (PROPOSED CORPORA	CONSULTING	G, INC.
Enclosed are an orig	ginal and one (1) copy of the ar	ticles 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 CO	
FROM: R	YAN JOHNSTO	N	· · · · · · · · · · · · · · · · · · ·

1113 NW 117TH AVENUE

Address

CORAL SPRINGS, FL. 33071

City, State & Zip

954-980-6754

Daytime Telephone number

RYANLEEJOHNSTON@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)

			Mailing address, if different is:	
Principal <u>street</u> address 113 NW 117 AVENUE		Maining address, it different is:		
DRAL SPR	INGS, FL. 33071			
FICLE III PU.	RPOSE the corporation is organized is: ALL LE	GAL BUSINESS	SES	
TICLE V IN	IARES of stock is: ONE THOUSAND IITIAL OFFICERS AND/OR DIRECTOR		14 SEP -2 AP SECRETARY TELLARACSEE	
TICLE V IN	IITIAL OFFICERS AND/OR DIRECTOR tle: RYAN JOHNSTON/P/T	Name and Title:	SEP -2 AM 8:	
TICLE V IN	IITIAL OFFICERS AND/OR DIRECTOR		SEP -2 AM	
Name and Ti	RYAN JOHNSTON/P/T 1113 NW 117 AVENUE CORAL SPRINGS, FL.	Name and Title: Address:	SEP -2 AM 8: 45 CONSTRAINT FLOREDA	
Name and Ti	TITIAL OFFICERS AND/OR DIRECTOR tle: RYAN JOHNSTON/P/T 1113 NW 117 AVENUE CORAL SPRINGS, FL. 33071	Name and Title: Address: Name and Title:	SEP -2 AM 8: 45 CONSTRAINT FLOREDA	
Name and Ti Address Name and Tit Address	RYAN JOHNSTON/P/T 1113 NW 117 AVENUE CORAL SPRINGS, FL. 33071	Name and Title: Address: Name and Title: Address:	SEP -2 AM 8: 45	
Name and Ti Address Name and Tit Address	TITIAL OFFICERS AND/OR DIRECTOR tle: RYAN JOHNSTON/P/T 1113 NW 117 AVENUE CORAL SPRINGS, FL. 33071	Name and Title: Address: Name and Title: Address: Name and Title:	SEP -2 AM 8: 45	

Name and	Title: Name and Title:
Address	Address:
ARTICLE VI The name and FI Name: Address:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of the registered agent is: RYAN JOHNSTON 113 N.W. 117 AVE CORAL SPRINGS, FL. 33071
ARTICLE VII	INCORPORATOR
Name: Address: Having been nanthis certificate, I delta	RYAN JOHNSTON III AUE CORAL SPRINGS, FL. 33071 The does registered agent to accept service of process for the above stated corporation at the place designated in any familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date The Required Signature at third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator Date Dat
	ASSEC FLOARIN