P 150005807

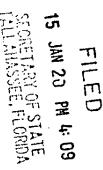
(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100268405031

01/20/15--01016--015 **78.75



1/22/15

COVER LETTER

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

PJC SUBJECT:	Political Consulting, Inc.			
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	d a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	655 LeJeune Road, Suite PH			
_		Address		
	Coral Gables, Florida 33134			
3	City, State & Zip 305-476-8300			
L.	Daytime T aura@Laurarussolaw.com	elephone number	JAN 20 PN 4: 1	UBLI
~	E-mail address: (to be use	d for future annual report r	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)

Print Purpose for which the comparigns in election SHARES	SE To assist organized is:	Mailing address, if differed AN 20 PH 4: 05 546 Majorca Avenue SECRETARY OF STATE Coral Gables, Florida 33134 ASSEE, FLORIDA t persons and entities in political sissues and to lobby elected officials.
The purpose for which the concampaigns in election	SE To assist organized is:	Coral Gables, Florida 33134/ASSEE, FLORIDA
ARTICLE IV SHARES	orporation is organized is: Ins for individuals and specific	
ARTICLE IV SHARES	<u>\$</u> 100 k is:	
ARTICLE IV SHARES The number of shares of stock	S 100 k is:	
The number of shares of stock	k is:	
Pe Name and Title:	OFFICERS AND/OR DIRECTO	RS Name and Title:
Address	6 Majorca Avenue oral Gables, Florida 33134	Address:
		Name and Title:Address:

Name and	Title:	Name and Title:
Address	·	Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Laura L. Russo	_
Address:	2655 LeJeune Road, Suite PH 2-B	
	Coral Gables, Florida 33134	
ARTICLE VII The name and add	INCORPORATOR Iress of the Incorporator is: Peter J. Campbell	
Address:	546 Majorca Avenue	•
	Coral Gables, Florida 33134	.
this certificate, Ya	m familiar with and accept the appointment as reg Required Signature/Registered Agent	for the above stated corporation at the place designated in instered agent and agree to act in this capacity 15 5 Date Date
document to the D	epartment of State constitutes a third degree felon	y as provided for in s.817.155, F.S.
1/11/2		
	Required Signature/Incorporator	Date

FILED

15 JAN 20 PH 4: 09

SECRETARY OF STATE
FALLAHASSEE, FLORIDA