

P15000049898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

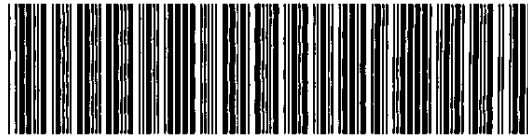
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

619-



900273052279

05/21/15--01013--015 **87.50

FILED
15 JUN -4 PM 4:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

6/9/15

COVER LETTER

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

SUBJECT: AllConsultants. 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 ☐ \$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: Cynthia M. Garcia
Name (Printed or typed)
7978 SW 165th Court
Address
Miami, Florida 33193
City, State & Zip
305-525-8000
Daytime Telephone number
allconsultantsinc@gmail.com
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 JUN -4 PM 4:06

FILED

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

15 JUN -4 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 27, 2015

CYNTHIA M. GARCIA
7978 SW 165TH COURT
MIAMI, FL 33193

SUBJECT: ALLCONSULTANTS, INC.
Ref. Number: W15000037367

We have received your document for ALLCONSULTANTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 615A00011117

RECEIVED
15 JUN -4 AM 11:5
SECRETARY OF STATE

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

15 JUN -4 PM 4:06

ARTICLE I NAME

The name of the corporation shall be: AllConsultants, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

7978 SW 165th Court

Miami, Florida 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consultant

ARTICLE IV SHARES

The number of shares of stock is: One Hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cynthia M. Garcia, President

Name and Title: _____

Address: 7978 SW 165th Court

Address: _____

Miami, Florida 33193

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: Cynthia M. Garcia
Address: 7978 SW 165th Court
Miami, Florida 33193

FILED
15 JUN -4 PM 4:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Cynthia M. Garcia
Address: 7978 SW 165th Court
Miami, Florida 33193

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

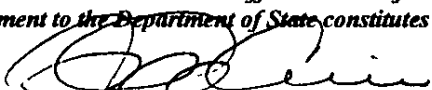


Required Signature/Registered Agent

05-15-2015

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

5/31/15
Date