

P/5000054428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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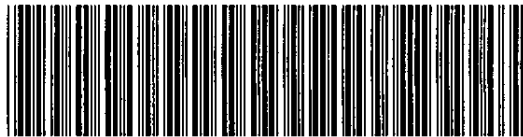
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 22 AM 10:54

κ 06/26/15

COVER LETTER

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

SUBJECT: FELIX LE CONSULTING, 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
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 COPY REQUIRED

FROM: FELIX D LE

Name (Printed or typed)

5725 57TH WAY

Address

WEST PALM BEACH, FLORIDA 33409

City, State & Zip

612-860-4791

Daytime Telephone number

plt10195@mac.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: FELIX LE CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5725 57TH WAY

WEST PALM BEACH, FLORIDA 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDING PROFESSIONAL QUALITY CONSULTING
SERVICES TO MEDICAL DEVICE COMPANIES THAT ARE REGULATED BY THE FOOD AND DRUG
ADMINISTRATION (FDA).

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FELIX D LE

Name and Title: _____

Address 5725 57TH WAY

Address: _____

WEST PALM BEACH, FLORIDA 33409

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: FELIX D LE
Address: 5725 57TH WAY
WEST PALM BEACH, FL 33409

ARTICLE VII INCORPORATOR

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

Name: FELIX LE
Address: 5725 57TH WAY
WEST PALM BEACH, FL 33409

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/01/15 (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

11 Jun 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

11 Jun 2015

Date