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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 AUG 10 AM 9:37

W15-046442

08/14/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2015

ALDO M. LEIVA
7435 S.W. 147TH ST.
MIAMI, FL 33158

SUBJECT: 635MADISON CONSULTINGGROUP,INC.
Ref. Number: W15000046442

We have received your document for 635MADISON CONSULTINGGROUP,INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 715A00014428

COVER LETTER

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

SUBJECT: 635 MADISON CONSULTING GROUP, 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: ALDO M. LEIVA

Name (Printed or typed)

7435 SW 147 ST.

Address

MIAMI, FL 33158

City, State & Zip

(305)984-7992

Daytime Telephone number

a.leiva@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: 635 MADISON CONSULTING GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7435 SW 147 St.

Miami, FL 33158

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: general business and strategic consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aldo M. Leiva, President

Address 7435 SW 147 St.

Miami, FL 33158

Name and Title: _____

Address: _____

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: Aldo M. Leiva
Address: 7435SW 147St.
Miami, FL 33158

ARTICLE VII INCORPORATOR

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

Name: Aldo M. Leiva
Address: 7435SW 147St.
Miami, FL 33158

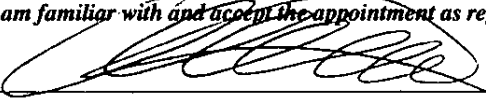
ARTICLE VIII EFFECTIVE DATE:

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.

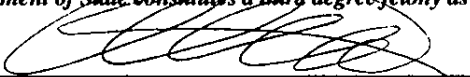
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

7/1/15
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

7/1/15
Date

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