P15000074916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T. Fauver SEP 15 2015

COVER LETTER

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

SUBJECT: She 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: Lindsay Tharp
Name (Printed or typed)

436 Lower 31st Ave
Address

Jacksonville Beach, FL 32250
City, State & Zip

(904) 705-1653
Daytime Telephone number

lindsay@sheconsultinggroup.com
E-mail address: (to be used for future annual report notification)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED SEP 14 2015

August 31, 2015

LINDSAY THARP
436 436 LOWERR 36TH AVE
JACKSONVILLE BEACH, FL 32250

SUBJECT: SHE CONSULTING GROUP INC
Ref. Number: W15000057775

We have received your document for SHE CONSULTING GROUP 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):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 615A00018357

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: She consulting Group Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address: 434 Lower 36th Ave
Jacksonville Bch, FL 32250

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Design and styling services photography as well. she stands for style, home and exposure. offering consulting in all three areas.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lindsay Tharp / President
Address: 434 Lower 36th Ave
Jacksonville Bch FL 32250

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Lindsay Tharp

Address: 436 Lower 36th Ave
Jacksonville Bch FL 32250

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Lindsay Tharp

Address: 436 Lower 36th Ave
Jacksonville Bch FL 32250

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

Lindsay Tharp
Required Signature/Registered Agent

9/10/2015
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.

Lindsay Tharp
Required Signature/Incorporator

8/21/2015
Date