P1500095172

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1		

Office Use Only



100277534161

10/12/15--01030--011 **78.75

15 NOV 20 PM 12: 50

W/2 (4315

NOV 3 0 2015



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 19, 2015

DESIREE HALLER 1139 KANE DIVE PORT ORANGE, FL 32129

SUBJECT: DESIREE HALLER CONSULTING, INC.

Ref. Number: W15000069315

<u>i</u>

We have received your document for DESIREE HALLER CONSULTING, INC. and your check(s) totaling \$78.75. 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.

Svlvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 315A00022094

Revised Thank you

COVER LETTER

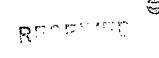
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Desiree Haller Consulting, Inc.

Enclosed are an orig	and one (1) copy of the a	ticles of incorporation and	d a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
EDOM:	siree Haller		
FROM:		e (Printed or typed)	
FROM:	Nam	ne (Printed or typed) Address	
FROM:	Nam		
FROM:	Nam 9 Kane Drive t Orange, FL 32129		
FROM:	Nam 9 Kane Drive t Orange, FL 32129	Address	

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





, TALLAHASsee, i EGRIDA

Seun de

FLORIDA DEPARTMENT OF STATES NOV 20 PH 12: 14 Division of Corporations

November 6, 2015

DESIREE HALLER 1139 KANE DIVE PORT ORANGE, FL 32129

SUBJECT: DESIREE HALLER CONSULTING, INC.

Ref. Number: W15000069315

We have received your document for DESIREE HALLER CONSULTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Both signatures are required.,

The registered agent must sign accepting the designation.

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.

Sylvia Gilbert Régulatory Specialist II New Filing Section

Letter Number: 315A00022094

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

<u>TICLE I NAME</u>	Desiree Haller Consult	ng. Inc.
e name of the corporat	tion shall be:	ing, Inc.
TICLE II PRINC	Principal street address	MEINE ALIMAN ALI
39 Kane Drive Port (Orange FL 32129	SECTION OF STATE
		SECTE HARY OF STATE FALL AMASSEE, FLORIDA
TICLE III PURPO e purpose for which the	OSE Consider	ulting, marketing services
TICLE V INITIA	L OFFICERS AND/OR DIRECTO	.
Name and Title	` <u></u>	Name and Title:
Address	1139 Kane Drive	Address:
	Port Orange, FL 32129	
Name and Title		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address		Address:

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT Sorida street address (P.O. Box NOT acce	mtakla) of the maintained agent in
He <u>Hame and F</u>	Desiree Haller	plable) of the registered agent is:
Name:	Desiree namer	
Address:	1139 Kane Drive	
	Port Orange, FL 32129	
ADDICK CLAS	IN CORPOR AMOR	•
KTICLE VII	<u>INCORPORATOR</u>	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Desiree Haller	
	1139 Kane Drive	
Address:		
	Port Orange, FL 32129	
ARTICI F VIII	EFFECTIVE DATE: 0/14/2015	
Effective date, if	f other than the date of filing:	(OPTIONAL)
If an effective lays after the f		nd cannot be more than five business days prior or 90 business
ays after the i	umg.)	
		oplicable statutory filing requirements, this date will not be listed as
ne document's (effective date on the Department of State's	records.
Taving been na	med as registered agent to accept service of	of process for the above stated corporation at the place designated ent as registered agent and agree to act in this capacity
nis cerujicule, 1	am jumiliar wan and accept the appointment	
Dlull	Tall	9/14/2015
	Required Signature/Registered A	gent Date
		crein are true. I am aware that the false information submitted in tree felony as provided for in s.817.155, F.S.
	11111	9/14/2015
DARILL	1 Y 11, 1 10 a	3/14/2013

•