

P16000005502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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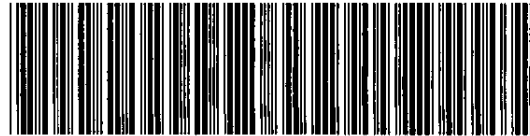
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN - 8 PM 2:39

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AND
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COVER LETTER

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

SUBJECT: R L WILBUR 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: ROBERT L. WILBUR
Name (Printed or typed)

8317 SE WOODCREST PL
Address

HOBE SOUND FL 33455
City, State & Zip

305 803 5050
Daytime Telephone number

RWILBUR305@GMAIL.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: R. L. WILBUR CONSULTING, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

8317 SE WOODCREST PLACE
HOBE SOUND FL 33455

Mailing address, if different is:

4300 SOUTH US HIGHWAY 1
SUITE 203-113
JUPITER FL 33477-1198

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PROVISION OF CONSULTING
AND ADVISORY SERVICES TO HEALTHCARE RELATED BUSINESSES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT L. WILBUR PRESIDENT + SEC Name and Title: CHERYL J. ROBERTS DIRECTOR

Address: 4300 S. US HWY 1 Address: 4300 S. US HWY 1
SUITE 203-113 SUITE 203-113
JUPITER FL 33477 JUPITER FL 33477

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

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AND
FILED

16 JAN -8 PM 2:39

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

ROBERT WILBUR

Address:

8317 SE WOODCREST PL
HOBE SOUND FL 33455

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

ROBERT WILBUR

Address:

8317 SE WOODCREST PL
HOBE SOUND FL 33455

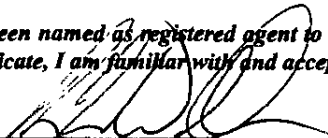
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JAN 6 2016 (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

1/4/2016

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

1/4/2016

Date