

P16000008327

(Requestor's Name)

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(City/State/Zip/Phone #)

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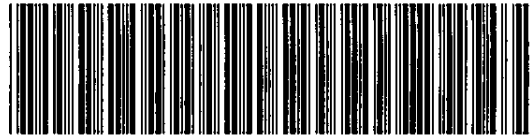
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2016

D CUSHING

COVER LETTER

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

SUBJECT: Primary Leadership & Development 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: Jonathan W. Preston

Name (Printed or typed)

725 Carthage Place

Address

St. Johns, Florida 32259

City, State & Zip

904-477-7981

Daytime Telephone number

jpreston@live.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: Primary Leadership & Development Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

725 Carthage Place

St. Johns, Florida 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to consult with clientele in order to service all matters

concerning their human resourcing needs while striving to provide initiatives that land them in a posture

that promotes efficiency, competence and confidence to sustain their desired leading, training and retention

goals within their perspective organizations.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan W. Preston, President

Name and Title:

Address 725 Carthage Place

Address:

St. Johns, FL 32259

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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: Jonathan W. Preston _____

Address: 725 Carthage Place _____

St. Johns, FL 32259 _____

ARTICLE VII INCORPORATOR

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

Name: Jonathan W. Preston _____

Address: 725 Carthage Place _____

St. Johns, FL 32259 _____

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TALLAHASSEE, FL 32399


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/15/2016 (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

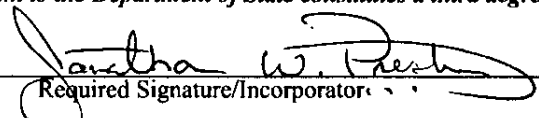


Required Signature/Registered Agent

01/15/2016

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

01/15/2016

Date