

P16000015904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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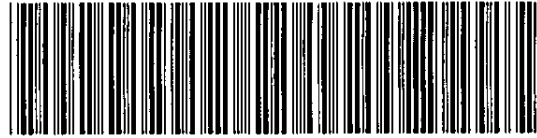
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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02-19-16

COVER LETTER

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

SUBJECT: Laine 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: Rachel Johnson
Name (Printed or typed)

3530 NW 2 Street
Address

Fort Lauderdale FL 33311
City, State & Zip

(954) 226-2354
Daytime Telephone number

igotsomethin2say@yahoo.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: Laine Consulting Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

3530 NW 2nd St
Fort Lauderdale, FL 33311

2605 Saxon Street
Tallahassee, FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a variety of services
as requested by clients as deemed appropriate in handling
that will include the following: Assistant virtual and not,
business setup, public speaking, event setup & hosting,
tenant organizing, conflict resolution-mediation, real estate
investing, management, Goal setting, Planning & Implementation
of Program & Project Coordination and more as deemed appropriate
and necessary for success.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rachel Johnson (D)

Name and Title: _____

Address: 3530 NW 2nd St
Ft Lauderdale FL 33311

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

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: Rachel Johnson
Address: 2605 Saxon St
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

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

Name: Rachel Johnson
Address: 3530 NW 2nd St
Ft. Lauderdale, FL 33331

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TALLAHASSEE FLORIDA

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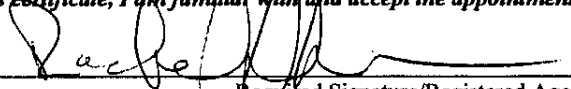
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/19/16 (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

February 19, 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

2/19/16
Date