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(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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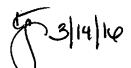
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COVER LETTER

14

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

CT: Rach	el Valentine Consulting Inc		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
d are an o	riginal and one (1) copy of the ar	rticles of incorporation approxi-	d a aback for
aic air o	riginal and one (1) copy of the ar	nucles of incorporation and	a check for:
\$70.00	\$78.75	■ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	
	& Certificate of Status	& Certified Copy	& Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
FROM:	LaKeisha Rachel Burrell		
_	Nam	ne (Printed or typed)	
1	733 Secretariat Ln N		
		Address	
J.	acksonville, Florida 32218		re in
	City	, State & Zip	******
9	04-200-5807		
_	Daytime '	Telephone number	
R	achelvalentineconsulting@gmail.com		
_	E-mail address: (to be use	ed for future annual report i	notification)

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



16 MAR II 円 3-06

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2016

LAKEISHA RACHEL BURRELL 1733 SECRETARIAT LN N JACKSONVILLE. FL 32218

SUBJECT: RACHEL VALENTINE CONSULTING INC

Ref. Number: W16000015099

We have received your document for RACHEL VALENTINE 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 016A00004252

10:35

Date: March 9, 2016

To: Florida Department Of State

Rachel Valentine Consulting, LLC, document number L12000123379, has been dissolved. I am the owner of that entity and I would like for it to be changed to an S Corp. Therefore, I am submitting new paperwork to complete that change along with this letter verifying that I am releasing the name.

Please release the name Rachel Valentine Consulting for it to be available to use for my new entity.

Please feel free to contact me if there are any questions or concerns.

Regards,

LaKeisha Rachel Burrell

LAH Rol Bull

FILED 16 MAR II FN 3.01

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

FILED

ARTICLE I NAME The name of the corporat	ion shall be:	nc		MAR II FI	
ARTICLE II PRINC		Mailing address, it	<u>≱</u> f differen	HIS RY OF E	IATE CEDA
1733 Secretariat Ln N				· · · · · · · · · · · · · · · · · · ·	
Jacksonville, Florida 32					
ARTICLE III PURPO The purpose for which the consulting needs.	PSE To assist in the corporation is organized is:	dividuals and business owners with	training a	and	
			<u>.</u>		
	And the second s				
ARTICLE V INITIA	stock is: L OFFICERS AND/OR DIRECTORS				
Name and Title	LaKeisha Burrell/CEO	Name and Title:			
Address	Jacksonville, Florida 32218	Address:			
Name and Title:		Name and Title:			
Address		Address:			
		-			
Name and Title		_			
Address					

Name and	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT accep	otable) of the registered agent is:	
Name:	LaKeisha Burrell		
Address:	1733 Secretariat Ln N	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Jacksonville, Florida 32218		
ARTICLE VII	INCORPORATOR	်း မြို့ မြော ရေးသည် မှာ	• •
The name and ad	dress of the Incorporator is:	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Name:	LaKeisha Burrell		
Address:	1733 Secretariat Ln N		
	Jacksonville, Florida 32218		
Effective date, if			
	inserted in this block does not meet the ap Tective date on the Department of State's r	plicable statutory filing requirements, this date will not be listed as ecords.	
		process for the above stated corporation at the place designated in the registered agent and agree to act in this capacity	
Lreis L. Bund		03/09/2016	
/ /	Required Signature/Registered Ag	ent Date	
I submit this document to the I	ument and affirm that the facts stated her Department of State constitutes a third degr	rein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S.	
1 Kish	I Burd	03/09/2016	
Requir	red Signature/Incorporator	Date	

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