

P16000051178

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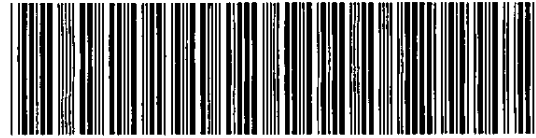
(Business Entity Name)

(Document Number)

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CORPORATIONS

[Signature] 06/15/16

COVER LETTER

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

SUBJECT: CASTLE CIRCLE 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: STEVEN I. GREENWALD, ESQ.

Name (Printed or typed)

6971 NORTH FEDERAL HIGHWAY, SUITE 105

Address

BOCA RATON, FLORIDA 33487

City, State & Zip

561-994-5560

Daytime Telephone number

SIGREENWALDLAW@ATT.NET

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: CASTLE CIRCLE CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6971 North Federal Highway

Suite 105

Boca Raton, FL 33487

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF

FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAMELA R. MORYL

Address C/O STEVEN I. GREENWALD, P.A.
6971 N FEDERAL HIGHWAY, STE 105
BOCA RATON, FL 33487

Name and Title: PRESIDENT AND TREASURER

Address: C/O STEVEN I. GREENWALD, P.A.
6971 N FEDERAL HIGHWAY, STE 105
BOCA RATON, FL 33487

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: STEVEN I. GREENWALD, ESQ.
Address: 6971 N FEDERAL HIGHWAY, STE 105
BOCA RATON, FL 33487

ARTICLE VII INCORPORATOR

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

Name: STEVEN I. GREENWALD, ESQ.
Address: 6971 N. FEDERAL HIGHWAY, STE 105
BOCA RATON, FL 33487

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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
JUNE 8, 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
JUNE 8, 2016
Date

FILED
JUN 10 2016
CLERK OF COURT
16 JUN -9 PM 12:24