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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

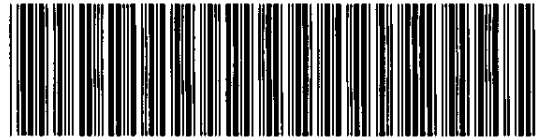
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16 OCT 10 PM 11:11
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SUFFICIENT FILING

C. GOLDEN

OCT 11 2016

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DRSR CONSULTING INC

Signature _____

Requested by: BA

10/10/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- 16 OCT 16 AM 11 FILED
- ☒ Art of Inc. File _____
 - _____ LTD Partnership File _____
 - _____ Foreign Corp. File _____
 - _____ L.C. File _____
 - _____ Fictitious Name File _____
 - _____ Trade/Service Mark _____
 - _____ Merger File _____
 - _____ Art. of Amend. File _____
 - _____ RA Resignation _____
 - _____ Dissolution / Withdrawal _____
 - _____ Annual Report / Reinstatement _____
 - _____ Cert. Copy _____
 - _____ Photo Copy _____
 - _____ Certificate of Good Standing _____
 - ☒ Certificate of Status _____
 - _____ Certificate of Fictitious Name _____
 - _____ Corp Record Search _____
 - _____ Officer Search _____
 - _____ Fictitious Search _____
 - _____ Fictitious Owner Search _____
 - _____ Vehicle Search _____
 - _____ Driving Record _____
 - _____ UCC 1 or 3 File _____
 - _____ UCC 11 Search _____
 - _____ UCC 11 Retrieval _____
 - _____ Courier _____

COVER LETTER

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

SUBJECT: DRSR 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: Denis Reynolds

Name (Printed or typed)

12421 Rock Ridge Lane

Address

Fort Myers, FL 33913

City, State & Zip

239 246 0528

Daytime Telephone number

Reynolds_denis@hotmail.com

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

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

FILED
16 OCT 13 2011

FILED

ARTICLES OF INCORPORATION

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

16 OCT 18 2:11:11

ARTICLE I NAME

The name of the corporation shall be: DRSR Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12421 Rock Ridge Lane

Fort Myers, FL 33913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: New business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Denis Reynolds, President

Name and Title: _____

Address: 12421 Rock Ridge Lane

Address: _____

Fort Myers, FL 33913

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: Semone Reynolds
Address: 12421 Rock Ridge Lane
Fort Myers, FL 33913

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Denis Reynolds
Address: 12421 Rock Ridge Lane
Fort Myers, FL 33913

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

Semone Reynolds
Required Signature/Registered Agent

Oct 10, 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.

[Signature]
Required Signature/Incorporator

Oct 10, 2016
Date

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16 OCT 10 2016
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