P17000016403

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)	· · ·			
(Document Number)				
(2004				
Certified Copies Certificates of Stat	us			
Special Instructions to Filing Officer:				
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ECRETARY OF STATE LAHASSEE FLORID

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~ 02/22/17

To whom it may concern,

I will not reinstate the old Corporation under this name (Global Consulting International, Inc.) filed under document#P14000015615. I request for that name to be released. I want to create a new Corporation with the same name.

Best Regards,

Kortni Keckler

7 FEB 21 PM 12

FILED

COVER LETTER

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

SUBJECT: GLOBA	L CONSULTING INTERNATION	AL, INC	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d 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
		ADDITIONAL COPY	
FROM:	OBAL CONSULTING INTERNAT		
	Name	e (Printed or typed)	
3 H	ERSEY DRIVE		
		Address	
OC.	EAN RIDGE, FL 33435		
	City,	State & Zip	
561	-283-5674		
	Daytime T	elephone number	
KO	RTNIKECKLER@GMAIL.COM		
	E-mail address: (to be use	d 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)

<u>ICLE II PRIN</u> ERSEY DRIVE	CIPAL OFFICE Principal street address	Mailing address, if different is:	
EAN RIDGE, FL 3	3435		
		^	
uzu E III. BUBB	OSE the corporation is organized is:ANY LA	WFUL PURPOSE	
			17 FE SECRE FALLAI
			HASSEE, FI
			SIAIE FLORIDA
ICLE IV SHAR number of shares of	PES 1 stock is:		A
number of shares of	AL OFFICERS AND/OR DIRECTORS		>
number of shares of	AL OFFICERS AND/OR DIRECTORS	Name and Title:	
number of shares of ICLE V INITE. Name and Titl	f stock is: AL OFFICERS AND/OR DIRECTORS KORTNI KECKLER, OFFICER le:	Name and Title:	
Name and Titl	AL OFFICERS AND/OR DIRECTORS E: 3 HERSEY DRIVE OCEAN RIDGE, FL 33435	Name and Title:	
number of shares of FICLE V INITE Name and Titl Address	AL OFFICERS AND/OR DIRECTORS E: 3 HERSEY DRIVE OCEAN RIDGE, FL 33435	Name and Title: Address: Name and Title:	
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS KORTNI KECKLER, OFFICER 3 HERSEY DRIVE OCEAN RIDGE, FL 33435	Name and Title: Address: Name and Title:	
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS KORTNI KECKLER, OFFICER 3 HERSEY DRIVE OCEAN RIDGE, FL 33435	Name and Title: Address: Name and Title: Address:	
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS KORTNI KECKLER, OFFICER 3 HERSEY DRIVE OCEAN RIDGE, FL 33435	Name and Title: Address: Name and Title: Address: Name and Title:	

Name ar	nd Title:	Name and Title:	
Address	·	Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT accep	inhelia a College a surface and account has	
Name:	KORTNI KECKLER	mine) of the registered agent is.	
Address:	3 HERSEY DRIVE		70.
	OCEAN RIDGE, FL 33435		I7 FE
ARTICLE VII	INCORPORATOR		FILED FEB 21 PM 12: 11 CREINRY OF SIAIL LAHASSEE, FLORIC
The name and a	ddress of the Incorporator is:		PR
Name:	KORTNI KECKLER		SIAIE FLORIO
Address:	3 HERSEY DRIVE		OF -
	OCEAN RIDGE, FL 33435		
Effective date, if	EFFECTIVE DATE: other than the date of filing: date is listed, the date must be specific and	. (OPTION. I cannot be more than five day	AL) s prior or 90 days after the
	e inserted in this block does not meet the app effective date on the Department of State's re-		ents, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of and familiar with and accept the appointmen	process for the above stated cor nt as registered agent and agree	poration at the place designated in to act in this capacity
De a	Required Signature/Registered Ag	ent	
I submit this do document to the	cument and affirm that the facts stated her Department of State constitutes a third degr	ein are true. I am aware that th	ne false information submitted in a 7.155, F.S.
Xul	nred Signature/Incorporator		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
) —resdo	med signature/incorporator		17tte