

P17000029235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

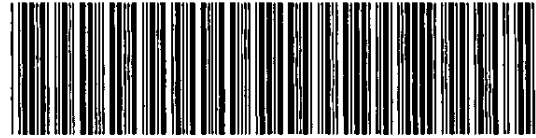
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 MAR 31 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17-024482

04/03/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2017

MELANIA ROBLES  
522 S.W. DEER RUN  
PORT ST. LUCIE, FL 34953

SUBJECT: STRAND ASSOCIATES CONSULTING SERVICES  
Ref. Number: W17000024482

We have received your document for STRAND ASSOCIATES CONSULTING SERVICES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ② The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.
- ② 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 317A00005451

17 MAR 31 PM 12:39

RECEIVED  
DIVISION OF CORPORATIONS

3/27/17

## COVER LETTER

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

**SUBJECT:** STRAND ASSOCIATES CONSULTING SERVICES CORPORATION

(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:** MELANIA M ROBLES

Name (Printed or typed)

522 SW DEER RUN

Address

PORT ST LUCIE, FL 34953

City, State & Zip

772-403-3092

Daytime Telephone number

melaniamrobles@gmail.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: STRAND ASSOCIATES CONSULTING SERVICES CORPORATION

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

522 SW DEER RUN

PORT ST LUCIE, FL 34953

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose of Strand Associates Consulting Services Corporation is to provide professional advice to individuals and organizations in US and Latin America, we are subject-matter experts in the integration of high level solutions to proficiently operate and manage your home and business.

### ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MELANIA M ROBLES

Name and Title: \_\_\_\_\_

Address Chief Administrative Officer (CAO)

Address: \_\_\_\_\_

522 SW DEER RUN

PORT ST LUCIE, FL 34953

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: \_\_\_\_\_  
Melania M. Robles  
Address: \_\_\_\_\_  
522 SW DEER RUN  
PORT ST LUCIE, FL 34953  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_  
Melania M. Robles  
Address: \_\_\_\_\_  
522 SW DEER RUN  
PORT ST LUCIE, FL 34953  
\_\_\_\_\_

**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 days prior or 90 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  
3/27/2017  
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  
3/27/2017  
Date