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LAZARUS

PAGE 01/03

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SOUTHEAST PLAN CONSULTING, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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: SOUTHEAST PLAN CONSULTING, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address
2784 NW 4TH TERRACE
MIAMI, FL 33125

Mailing address, if different is:
2784 NW 4TH TERRACE
MIAMI, FL 33125

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: CONSULTING SERVICES

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ROBERT GONZALEZ</u>	Name and Title:	_____
Address	<u>PRESIDENT</u>	Address:	_____
	<u>2784 NW 4TH TERRACE</u>		_____
	<u>MIAMI, FL 33125</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ROBERT GONZALEZ
Address: 2784 NW 4TH TERRACE
MIAMI, FL 33125

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ROBERT GONZALEZ
Address: 2784 NW 4TH TERRACE
MIAMI, FL 33125

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/31/2017 (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

03/31/2017

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

03/31/2017

Date

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