

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

726894

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To:

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

From:

Account Name : CORP USA
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Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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RECEIVED
17 JUN 12 PM 4:50
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
DISCRETE CONSULTING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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COVER LETTER

H17600157219

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

SUBJECT: Discrete 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: Justin M. Sireci

Name (Printed or typed)

10 S. New River Dr. E. #205

Address

Ft. Lauderdale, FL 33301

City, State & Zip

(561) 501-9876

Daytime Telephone number

JustinSireci@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: Discrete Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10 S. New River Dr. E.

Suite 205

Ft. Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin M. Sireci, President, Secretary

Name and Title: _____

Address 10 S. New River Dr. E.

Address: _____

Suite 205

Ft. Lauderdale, FL 33301

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

17 JUN 12 AM 5:59
SECRETARY OF STATE
FLORIDA

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: Justin M. Sireci
Address: 10 S. New River Dr. E. #205
Ft. Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Justin M. Sireci
Address: 10 S. New River Dr. E. #205
Ft. Lauderdale, FL 33301

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

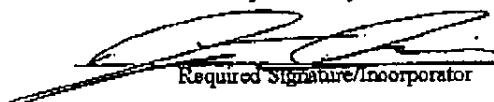


Required Signature/Registered Agent

06/12/2017

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

06/12/2017

Date

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