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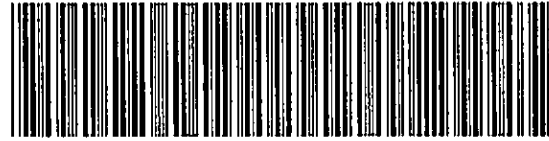
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10/09/2017



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17 OCT -6 11:32
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Surrogacy Consultants, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Michelle Hausmann

Name (Printed or typed)

2423 Quantum Blvd.

Address

Boynton Beach, FL 33426

City, State & Zip

561-732-7030

Daytime Telephone number

mhaus87@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

Surrogacy Consultants, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2423 Quantum Blvd.

Boynton Beach, FL 33426

ARTICLE III PURPOSE

To provide surrogacy consulting services to Intended Parents.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle M. Hausmann

Address: 2423 Quantum Blvd.

Boynton Beach, FL 33426

Name and Title: Amy U. Hickman

Address: 2423 Quantum Blvd.

Boynton Beach, FL 33426

Name and Title: Amy H. Eichman

Address: 3911 SW 47th Ave., #914

Davie, FL 33314

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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17 OCT -6 11:3:23
CLERK OF DISTRICT COURT
DADE COUNTY, 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: Michelle M. Hausmann

Address: 2423 Quantum Blvd.

Boynton Beach, FL 33426

ARTICLE VII INCORPORATOR

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

Name: Michelle M. Hausmann

Address: 2423 Quantum Blvd.

Boynton Beach, FL 33426

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 FILED
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

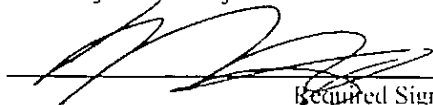
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

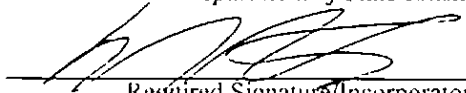
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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	<u>10/1/17</u> _____ Date
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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	<u>10/1/17</u> _____ Date
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