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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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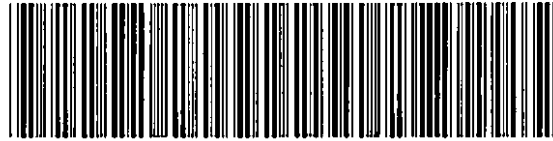
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 OCT 19 AM 9:18

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17 OCT 19 AM 9:15

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C Kinsey

COVER LETTER

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

SUBJECT: Florida Consulting Solutions 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: Jacqueline Lynette Carpenter
Name (Printed or typed)

262 Sundance Drive
Address

Monticello, Florida 32344
City, State & Zip

(850) 408-5976
Daytime Telephone number

Jackiecarpenter78@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:

Florida Consulting Solutions Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

262 Sundance Drive
Monticello, Florida 32344

262 Sundance Drive
Monticello, Florida 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business

Any and all lawful

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

restored	Name and Title:	Jacqueline Carpenter	Name and Title:	Cecil Carpenter - president
	Address:	262 Sundance Drive Monticello, Florida 32344	Address:	262 Sundance Drive Monticello, Florida 32344
ie president	Name and Title:	Cameron Carpenter	Name and Title:	
	Address:	262 Sundance Drive Monticello, Fl. 32344	Address:	
ee	Name and Title:	Devon Carpenter	Name and Title:	
	Address:	262 Sundance Drive Monticello, Fl. 32344	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: Jacqueline Lynette Carpenter

Address: 262 Sundance Drive
Monticello, Florida 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline Lynette Carpenter

Address: 262 Sundance Drive
Monticello, FL 32344

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/19/17 (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

Jacqueline Lynette Carpenter
Required Signature/Registered Agent

10/19/17
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.

Jacqueline Lynette Carpenter
Required Signature/Incorporator

10/19/17
Date