

P20000010034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

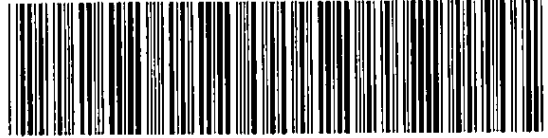
(Document Number)

Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2020 FEB -5 PM 4:08

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

FEB 04 2020

K Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2/5/2020

****WALK IN****

ENTITY NAME PDK CONSULTING, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

ACCOUNT #: I20160000072

E R H

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: PDK Consulting Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7900 Harbor Island Dr. Ste 803
North Bay Village FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phili Kane, President Name and Title: _____

Address: 7900 Harbor Island Dr. Address: _____

Suite 803

North Bay Village FL 33141

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, 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: Phili Kane
Address: 7900 Harbor Island Drive Ste. 803
North Bay Village

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BELINDA SCHORY
PENNCORP SERVICE GROUP, INC.
Address: 600 NORTH SECOND STREET
PO BOX 1210
HARRISBURG, PA 17108-1210

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

(s) Phili Kane 2.5.20
Required Signature/Registered Agent 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.

Belinda Schory 2.5.20
Required Signature/Incorporator Date