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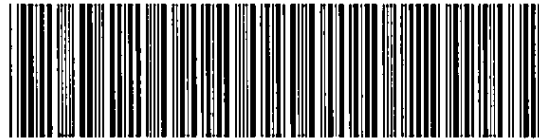
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SEALY, AMY G. STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2019

CHRISTINA GARCIA
5158 LAKE LOOP RD
COOPER CITY, FL 33330

SUBJECT: ADMIX CONSULTING INC
Ref. Number: W19000053378

RECEIVED
DIVISION OF CORPORATIONS
2019 AUG 14 PM 3:51

We have received your document for ADMIX CONSULTING INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE PREVIOUS ENTITY MUST BE INACTIVE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 919A00016387



FLORIDA DEPARTMENT OF STATE
Division of Corporations

7/1/2019 2:16 PM

June 4, 2019

CHRISTINA GARCIA
5158 LAKE LOOP RD
OOPER CITY, FL 33330

SUBJECT: ADMIX CONSULTING INC
Ref. Number: W19000053378

We have received your document for ADMIX CONSULTING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 519A00011080

COVER LETTER

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

SUBJECT: ADMIX 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: CHRISTINA GARCIA

Name (Printed or typed)

5158 LAKE LOOP RD

Address

COOPER CITY, FL 33330

City, State & Zip

954-600-3586

Daytime Telephone number

ladyadmix@yahoo.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: ADMIN CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5158 LAKE LOOP RD

COOPER CITY, FL 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTINA GARCIA, PRESIDENT

Name and Title: _____

Address: 5158 LAKE LOOP RD

Address: _____

COOPER CITY, FL 33330

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: CHRISTINA GARCIA

Address: 5158 LAKE LOOP RD

COOPER CITY, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTINA GARCIA

Address: 5158 LAKE LOOP RD

COOPER CITY, FL 33330

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2020 APR 27 AM 6:13
STATE
TALLAHASSEE, FL

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

Christina Garcia
Required Signature/Registered Agent

05-13-2019

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.

Christina Garcia
Required Signature/Incorporator

05-13-2019

Date