

P21 000088093

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019

Phone : (518)689-1212

Fax Number : (518)432-0742

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION****EDMAR CONSULTANTS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

# **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:

**EDMAR CONSULTANTS, INC.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**11139 KENTWORTH WAY  
JACKSONVILLE, FLORIDA 32256**

## **ARTICLE III PURPOSE**

*The purpose(s) for which this corporation is organized is/are to engage in any activity within the purposes for which corporations may be organized under Chapter 607 and/or Chapter 621, F.S. (Profit)*

## **ARTICLE IV SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **200 No Par Value**

## **ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**EDWARD G KOLE  
11139 KENTWORTH WAY  
JACKSONVILLE, FLORIDA 32256**

## **ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**EDWARD G KOLE  
11139 KENTWORTH WAY  
JACKSONVILLE, FLORIDA 32256**

**MARILYN L. KOLE  
11139 KENTWORTH WAY  
JACKSONVILLE, FLORIDA 32256**

**October 7, 2021**

*Having been named as registered agent to accept service of process for the above stated corporation at the place designed in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

**/s/ EDWARD G KOLE**

**EDWARD G KOLE**

**Registered Agent**

*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.*

**/s/ EDWARD G KOLE**

**EDWARD G KOLE**

**Incorporator / President**

**/s/ MARILYN L. KOLE**

**MARILYN L. KOLE**

**Incorporator / Vice-President**

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