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VISION OF OF CO., OF ATTICE

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#### **COVER LETTER**

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

SUBJECT:	ndigo Architecture Consulting,	Inc.	
Sebule I.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE <u>SUFFIX</u> )
Enclosed are an ori	ginal and one (1) copy of the art	cicles of incorporation and	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	OPY REQUIRED
FROM:	Tyler Stahl		
		e (Printed or typed) ami Trail N., Suite 400	
		Address	
_		FL 34103 State & Zip	
	(239) 234-5034  Daytime Telephone number		
		apleslegal.net  d for future annual report r	odification)

NOTE: Please provide the original and one copy of the articles.

## CORPORATE 'ACCESS, \_\_\_\_\_

### When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### **WALK IN**

	PICK U	P: _	MISTY 11/8	
	CERTIFIED COPY	·		
XX	РНОТОСОРУ			 <u> </u>
	CUS			
XX	FILING	INC		 
<u>I</u> !	NDIGO ARCHITECTURE CORPORATE NAME AND DOCUMEN	E CONSI	ULTING, INC.	 
(C	ORPORATE NAME AND DOCUMEN	T #)		 
(C	CORPORATE NAME AND DOCUMEN	T #)		
(C	ORPORATE NAME AND DOCUMEN	T#)		 
(C	ORPORATE NAME AND DOCUMEN	T#)		 <u> </u>
(C	ORPORATE NAME AND DOCUMEN	T #)		 
CIAL TRUCT	TIONS:			

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporate	tion shall be: Indigo Architecture Consulti	ng, Inc.		
	CIPAL OFFICE Principal street address		Mailing address, if different	is:
Suite 205				
Fort Myers, FL 33919				
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is:any and	all lawful business	s purposes.	
ARTICLE IV SHARE The number of shares of				22 1:0V -8
	L OFFICERS AND/OR DIRECTORS			AH 3:
Name and Title	Kevin Saul Cruz Tannus - President	Name and Title	:: <u> </u>	
Address	4575 Via Royale	Address:		19
	Suite 205	<u> </u>		
	Fort Myers, FL 33919	_		
Name and Title:		Name and Title	*!	
Address		Address:	-	
				···
		<del></del>		<u>.</u>
Name and Title:	<del>-</del>	Name and Title	::	
Address		Address:		
		_		

Name ar	nd Title:	Name and Title:	
Address			
	REGISTERED AGENT		
Name:	Iorida street address (P.O. Box NOT acceptab Threlkeld Law, P.A.	le) of the registered agent is:	
Address:	3003 Tamiami Trail N., Suite 400	<del></del>	K 2
	Naples, FL 34013	<del></del>	22 KOV
<u>ARTICLE VII</u>	INCORPORATOR		- 6 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5
The <u>name and a</u>	ddress of the Incorporator is:		書 景等 の 24
Name:	Tyler Stahl		3. To
Address:	3003 Tamiami Trail N., Suite 400	<del></del>	ω 🗝
	Naples, FL 34103		
Effective date, if	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific and c	. (OPTIONAL) annot be more than five days prior	r or 90 days after the
	e inserted in this block does not meet the applic effective date on the Department of State's reco		his date will not be listed as
	ned as registered agent to accept service of proc familiar with and accept the appointment as reg		
	Tyler Stahl Registered Signature/Registered Agent		11/8/22
	Required Signature/Registered Agent		Date
I submit this doc document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the false elony as provided for in s.817.155, F	information submitted in a S.S.
	Tyler Stahl urc/Incorporator		11/8/22
Required Signatu	re/Incorporator	Date	

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