

TRANSMITTAL LETTER

P99000075560

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

300002964469--8
-08/19/99--01056--003
*****70.00 *****70.00

SUBJECT:

ARNP CONSULTS, Inc

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

ARNP CONSULTS, Inc.

Name (Printed or typed)

6855 SW 112 STREET

Address

Pinecrest FL 33156

City, State & Zip

(954) 474-9000 CPA

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 19 PM 4:12

FILED

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

TS 8/24/99

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ARNP CONSULTS, INC

ARTICLE II PRINCIPAL OFFICE

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

6855 SW 112 STREET
PINECREST FL 33156

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LISA BURTON
6855 SW 112 STREET PINECREST FL 33156

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LISA BURTON
6855 SW 112 ST. PINECREST FL 33156



Signature/Incorporator

8/5/99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

8/5/99

Date

FILED
99 AUG 19 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA