

PA1000022296

Florida Department of State
Division of Corporations
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Division of Corporations
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SOUTHEAST PLAN CONSULTING, INC**

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

*JML
3/11/21*

EIN# 82-1070072

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

EIN# 82-1070072

ARTICLE I NAME

The name of the corporation shall be: SOUTHEAST PLAN CONSULTING, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
798 CRANDON BLVD APT 4C
KEY BISCAYNE, FL 33149

Mailing address, if different is:
798 CRANDON BLVD APT 4C
KEY BISCAYNE, FL 33149

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ROBERTO GONZALEZ</u>	Name and Title:	_____
Address	<u>PRESIDENT</u>	Address:	_____
	<u>798 CRANDON BLVD APT 4C</u>		_____
	<u>KEY BISCAYNE, FL 33149</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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: ROBERTO GONZALEZ
 Address: 798 CRANDON BLVD APT 4C
KEY BISCAVNE, FL 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERTO GONZALEZ
 Address: 798 CRANDON BLVD APT 4C
KEY BISCAVNE, FL 33149

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

 Required Signature/Registered Agent
 03/10/2021
 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.

 Required Signature/Incorporator
 03/10/2021
 Date