

P1400000 7834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

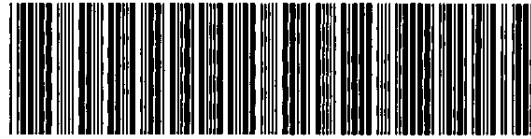
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 17 AM 8:27

*[Handwritten signature]*  
1-18-14

**COVER LETTER**

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

SUBJECT: 941 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: TRAVIS Christopher Morales  
Name (Printed or typed)  
2933 May Flower Terr  
Address  
North Port, FL 34286  
City, State & Zip  
941-915-9129  
Daytime Telephone number  
Travismcford@gmail.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: 941 CONSULTING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2933 MAYFLOWER TERR  
NORTH PORT, FL 34286

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Travis Morales President Name and Title: \_\_\_\_\_

Address 2933 MAYFLOWER Address: \_\_\_\_\_  
terr, North Port  
FL 34286

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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DIVISION OF CORPORATIONS  
14 JAN 17 AM 8:27

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: Travis Morales  
 Address: 2933 MAYFLOWER TERR  
NORTH PORT, FL 34286

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Travis Morales  
 Address: 2933 MAYFLOWER TERR  
NORTH PORT, FL 34286

*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*

[Signature] \_\_\_\_\_ 1-14-2014  
 Required Signature/Registered Agent 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.*

[Signature] \_\_\_\_\_ 1-14-2014  
 Required Signature/Incorporator Date