

N13000000868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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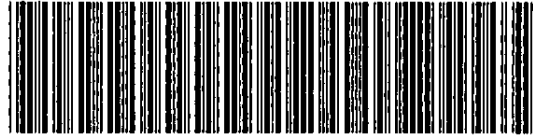
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN 25 PM 1:36

PS 1/24/13

## COVER LETTER

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

SUBJECT: The Manufacturing Consortium, 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 of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Thomas Kennedy  
Name (Printed or typed)

771 SW 5th Street  
Address

Boca Raton, FL 33486  
City, State & Zip

1-954-648-2556  
Daytime Telephone number

tkennedycpa@aol.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 617, F.S., (Not for Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: The Manufacturing Consortium, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:

771 SW 5 Street

Mailing address, if different is:

Boca Raton, FL 33486

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A manufacturing advocacy resource facilitating the alignment

of the interests of those entities involved in manufacturing, workforce development,

legislation and regulation, economic development and INTERNATIONAL TRADE.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

Chairman nominated and Board ratified

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

Name and Title: Thomas Kennedy, Pres/CEO/Chairman

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

Address 771 SW 5 Street

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

Boca Raton, FL 33486

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

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

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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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: Thomas Kennedy  
Address: 771 SW 5 Street  
Boca Raton, FL 33486

**ARTICLE VII INCORPORATOR**

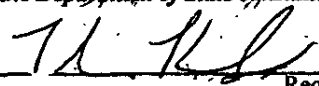
The name and address of the Incorporator is:

Name: THOMAS KENNEDY  
Address: 771 SW 5 STREET  
BOCA RATON FL 33486

*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*

<u></u>	<u>1/17/13</u>
Required Signature of Registered Agent	Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

<u></u>	<u>1/17/13</u>
Required Signature of Incorporator	Date