

P04000008034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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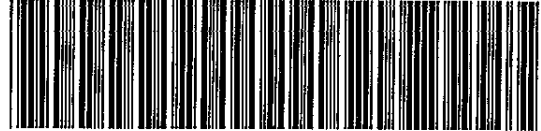
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Lewis 1/12/04

## TRANSMITTAL LETTER

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

**SUBJECT:** Morton Nutrition Consulting, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Lugene A. Morton-Quinn  
Name (Printed or typed)

10105 Fox Squirrel Dr.  
Address

New Port Richey, Fl. 34654  
City, State & Zip

(727) 863-9652  
Daytime Telephone number

**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:

Morton Nutrition Consulting, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10105 Fox Squirrel Dr.  
New Port Richey, Fl. 34654

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Nutrition Therapy Services

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Lugene A. Morton-Quinn  
10105 Fox Squirrel Dr.  
New Port Richey, Fl. 34654

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lugene A. Morton-Quinn  
10105 Fox Squirrel Dr.  
New Port Richey, Fl. 34654

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated on the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Lugene A. Morton-Quinn  
Signature/Registered Agent

01-02-04  
Date

Lugene A. Morton-Quinn  
Signature/Incorporator

01-02-04  
Date

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TALLAHASSEE, FLORIDA