

PO40000033183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

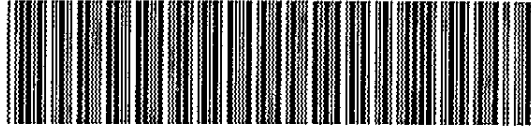
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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: RTH 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: Joe Blacketer

Name (Printed or typed)

8270 College Parkway Suite 105

Address

Fort Myers , Florida 33919

City, State & Zip

239-454-8500

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:

RTH Consulting, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2011 SE 20th Lane  
Cape Coral, Fl. 33990

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Robert T. Harris, President  
2011 SE 20th Lane  
Cape Coral, FL 33990

### ARTICLE VI REGISTERED AGENT

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

Robert T. Harris  
2011 SE 20th Lane  
Cape Coral, FL 33990

### ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:


Joe Blacketer  
8270 College Parkway Suite 105  
Fort Myers, FL 33919

\*\*\*\*\*

*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/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA