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TRANSMITTAL LETTER

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

SUBJECT:	BDT Consultants, Inc.				
3020EC1	(PROPOSED CORPORA)	E NAME - MUST INCL	CDE SUFFIX)		m. er
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	•	
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Jonet K. Su Name	Clivan Printed or typed)			- - .
-	11 Magpie	ddress	· · ·	DOS NER	
-	Crawford ville	State & Zip 3232	<u>.,</u>	H'R 29 PH 2:1	FILED
-	850 - 766 - 39 Daytime Te	99 lephone number		31715 71 17	5.°.

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:

BDT Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11 Magpie Trail Crawfordville, FL 32327

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Business and organization consulting

ARTICLE IV

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Janet K. Sullivan President, Owner 11 Magpie Trail

Crawfordville, FL 32327

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Janet K. Sullivan 11 Magpie Trail Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Janet K. Sullivan 11 Magpie Trail Crawfordville, FL 32327

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

Signature/Incorporator