

P05000161384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C8.12-10

COVER LETTER

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

SUBJECT: T3 CONSULTING INC
~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~
(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:

Keith Thompson

Name (Printed or typed)

PO Box 802402

Address

Aventura FL 33280

City, State & Zip

(305) 206-1251

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 ONE

The name of the corporation is T3 Consulting Inc

ARTICLE TWO

The principal place of business/mailing address is:

PO Box 802402

Aventura, FL 33280

ARTICLE THREE

The purpose for which the corporation is organized is for the purpose of transacting any or all lawful businesses for which a corporation may be incorporated in the State of Florida.

ARTICLE FOUR

The aggregate number of shares which the corporation shall have the authority to issue is One Thousand (1,000) shares of a par value of one dollar (\$1.00) each.

ARTICLE FIVE

Initial Officers and Directors:

Keith Thompson President/Secretary

PO Box 802402

Aventura, FL 33280

ARTICLE SIX

Registered Agent:

Keith Thompson

2961 NE 185th St #1612

Aventura, FL 33180

ARTICLE SEVEN

Incorporator:

Keith Thompson

PO Box 802402

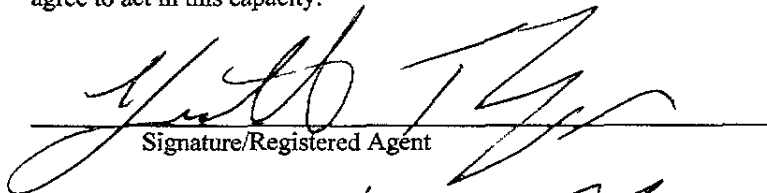
Aventura, FL 33280

FILED

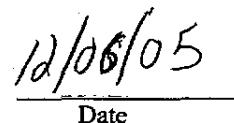
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

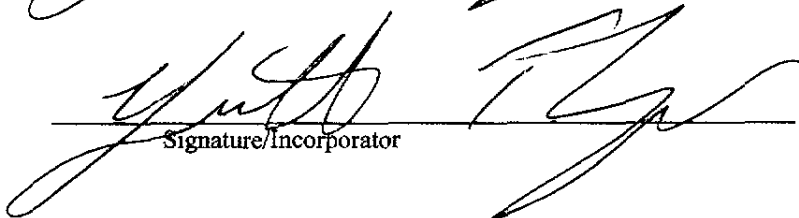
.....
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



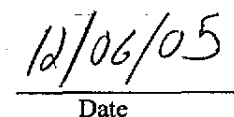
Signature/Registered Agent



Date



Signature/Incorporator



Date