

P07000075922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

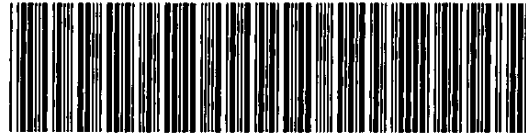
(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JUL -2 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ra

COVER LETTER

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

SUBJECT: MOWRY 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: BRUCE MOWRY
Name (Printed or typed)

40 FOXCROFT RUN
Address

ORMOND BEACH, FL 32174
City, State & Zip

386-986-8663
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2007

BRUCE MOWRY
40 FOXCROFT RUN
ORMOND BEACH, FL 32174

SUBJECT: MOWRY CONSULTING, INC.
Ref. Number: W07000029041

We have received your document for MOWRY CONSULTING, INC. and your...
check(s) totaling \$78.75. However, the enclosed document has not been filed
and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 907A00040640

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:

MOWRY CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

40 FOXCROFT RUN, ORMOND BEACH, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CONSULTING (WATER RESOURCES)

ARTICLE IV SHARES

The number of shares of stock is:

~~AT LEAST~~ ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*BRUCE A. MOWRY, PRINCIPAL
40 FOXCROFT RUN
ORMOND BEACH, FL 32174*

ARTICLE VI REGISTERED AGENT

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

*BRUCE A. MOWRY
40 FOXCROFT RUN
ORMOND BEACH, FL 32174*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*BRUCE A. MOWRY
40 FOXCROFT RUN
ORMOND BEACH, FL 32174*

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Bruce Mowry

Signature/Registered Agent

6/13/07

Date

Bruce Mowry

Signature/Incorporator

6/13/07

Date

FILED
07 JUL -2 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA