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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

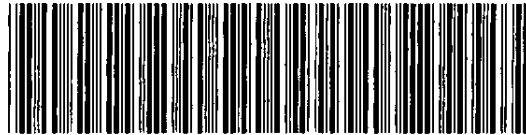
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: GUTTMAN CONSULTANTS, 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

~~X~~ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: D. Stephen Kahn
Attorney at Law
P.O. Box 10032
Tallahassee, FL 32302

Name (Printed or typed)

11

Address

11

City, State & Zip

(850) 224-1570

Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

GUTTMAN CONSULTANTS, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6405 Jamaica Court, Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

general business purposes

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID GUTTMAN, President
STEPHANIE GUTTMAN, VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

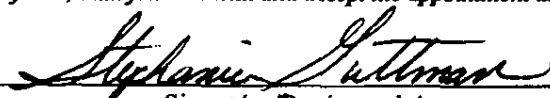
STEPHANIE GUTTMAN,
6405 Jamaica Ct., Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID GUTTMAN
6405 Jamaica Ct., Tallahassee, FL 32309

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



Date



Date