

P/D 00000 8276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

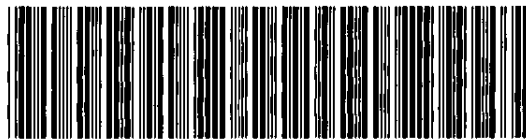
(Document Number)

Certified Copies ☒

Certificates of Status ☐

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10 JAN 28 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2010 JAN 28 PM 1:31

NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

JAN 28 2010  
D.A. WHITE

## COVER LETTER

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

**SUBJECT:** McCullion Management 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:** Thomas W. McCullion

Name (Printed or typed)

5473 Caddo Dr.

Address

Tallahassee, Florida 32311-2107

City, State & Zip

850-445-9065

Daytime Telephone number

Tom.McCullion@gmail.com

E-mail address: (to be used for future annual report notification)

**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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

MCCULLION MANAGEMENT CONSULTING

10 JAN 28 PM 1:44

INC.  
(SECRETARY OF STATE)  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

5473 CADDO DR.

TALLAHASSEE, FL 32311-2107

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO START A MANAGEMENT CONSULTING BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

THOMAS W. MCCULLION, PRESIDENT  
5473 CADDO DR.

TALLAHASSEE, FL 32311-2107

**ARTICLE VI REGISTERED AGENT**

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

THOMAS W. MCCULLION  
5473 CADDO DR.

TALLAHASSEE, FL 32311-2107

**ARTICLE VII INCORPORATOR**

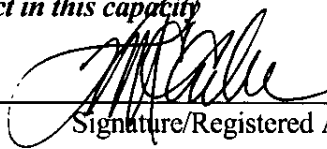
The name and address of the Incorporator is:

THOMAS W. MCCULLION  
5473 CADDO DR.

TALLAHASSEE, FL 32311-2107

\*\*\*\*\*

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

1/28/10  
Date

Signature/Incorporator

Date