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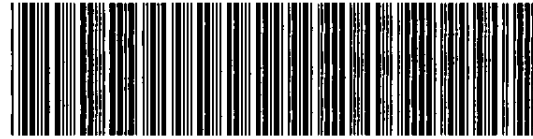
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 11 2011

COVER LETTER

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

SUBJECT: MORRISON 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: MATTHEW MORRISON
Name (Printed or typed)

5445 COLLINS AVENUE, UNIT 1418
Address

MIAMI BEACH, FL 33140
City, State & Zip

(646) 221-8864
Daytime Telephone number

matthew.j.morrison@msn.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MORRISON CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
 5445 COLLINS AVENUE, Suite 1418
 MIAMI BEACH, FL 33140

Mailing address, if different is:
 80 BROAD STREET
 5TH FLOOR BOX 507
 NEW YORK, NY 10004

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF CONDUCTING, TO THE EXTENT PERMITTED BY FLORIDA LAW, OR TO CARRY ON IN ANY CAPACITY ANY BUSINESS OR TRADE DEEMED LEGAL IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES OF COMMON STOCK AUTHORIZED, EACH HAVING A PAR VALUE OF \$1.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATTHEW J. MORRISON, DIRECTOR
 Address: 5445 COLLINS AVENUE
 UNIT 1418
 MIAMI BEACH, FL 33140

Name and Title: _____
 Address: _____

Name and Title: _____
 Address: _____

Name and Title: _____
 Address: _____

Name and Title: _____
 Address: _____

Name and Title: _____
 Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MATTHEW J. MORRISON
 Address: 5445 COLLINS AVENUE, UNIT 1418
 MIAMI BEACH, FL 33140

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MATTHEW J. MORRISON
 Address: 5445 COLLINS AVENUE, UNIT 1418
 MIAMI BEACH, FL 33140

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

Matthew J. Morrison
 Required Signature/Registered Agent

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01/07/2011
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Matthew J. Morrison
 Required Signature/Incorporator

01/07/2011
 Date