

P110000026/03

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAR 14, PM 1:40

APPROVED  
AND  
FILED

Handwritten signature

## COVER LETTER

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

SUBJECT: **SJT 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: **Sondra J. Thorson**  
Name (Printed or typed)

**5909 Lexington Drive**  
Address

**Parrish FL 34219**  
City, State & Zip

**(941) 776-7256**  
Daytime Telephone number

**sondra.thorson@us-resources.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: SJT Consulting, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

5909 Lexington Drive  
Parrish FL 34219

11 MAR 14 PM 1:45

Noting address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

any lawful purpose for which a corporation may be formed in the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Sondra J. Thorson, President  
Address: 5909 Lexington Drive  
Parrish FL 34219

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Sondra J. Thorson, Secretary  
Address: 5909 Lexington Drive  
Parrish FL 34219

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Sondra J. Thorson, Director  
Address: 5909 Lexington Drive  
Parrish FL 34219

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

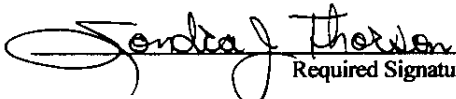
Name: Sondra J. Thorson  
Address: 5909 Lexington Drive  
Parrish FL 34219

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sondra J. Thorson  
Address: 5909 Lexington Drive  
Parrish FL 34219

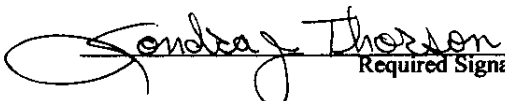
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

March 8 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.



Required Signature/Incorporator

March 8 2011  
Date