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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORPORATE ACCESS, INC.  
Account Number : FCA000000011  
Phone : (850) 222-2666  
Fax Number : (850) 222-1666

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
SONRA CONSULTING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
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09/16/11

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**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: **Sonra Consulting, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3738 Meridale Road  
Sarasota FL, 34238

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Corporation is organized for the purposes of transacting any or all lawful business permitted under the laws of the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: **200 Shares Without Par Value**

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

Name and Title: **Wendy Senoglu, President**  
Address: **3738 Meridale Road**  
**Sarasota, FL 34238**

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

Name and Title: **Wendy Senoglu, Director**  
Address: **3738 Meridale Road**  
**Sarasota, FL 34238**

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

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

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: **Wendy Senoglu**  
Address: **3738 Meridale Road**  
**Sarasota, FL 34238**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Sheldon Kleger, Esq.**  
Address: **244 Fifth Avenue, 2nd Floor**  
**New York, NY 10001**

Wendy Senoglu

*Wendy L. Senoglu*  
Required Signature/Registered Agent

09/13/11

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.

*Sheldon Kleger*  
Required Signature/Incorporator

09/13/11

Date

11 SEP 15 PM 12:06  
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TALLAHASSEE, FLORIDA

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