

## P11 0000 95282

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)  JP
	DE LIWAII LIWAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special instruction	ns to Filing Officer:
	Office Use Only

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## **COVER LETTER**

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

UBJECT: BTNR Consultation Inc.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	
inclosed are an original and one (1) copy of the articles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status  \$78.75 \$87.50 Filing Fee & Certified Copy & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	
FROM: Bilther Name (Printed or typed)	
3778 \$ 75th St. W. # 412	
Bradenton FL 34209  City, State & Zip  941-780-5168  SRR	
Dayting receptions full for	
E-mail address: (to be used for future annual report notification)	

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

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I N. The name of the corpo	AME oration shall be:	RTNR (	- consultation	٠		
•			-01(36(167/6))	thic.		
ARTICLE II PI				Mailing address,	if different is:	
ARTICLE III PU	RPOSE				_	
The purpose for whic		organized is:	instruction	sules con	sultant	
ARTICLE IV SI	of stock is: 100					
Name and Title: Address:	<u> Bin 7. B.</u> 3970 751	SAND/OR DIRECTIONS  THE CONTROL  THE STANDARD  THE STANDAR	Name and Tit Address:			
Name and Title: Address:			Address:			
			Address:			<u></u>
ARTICLE VI RE	GISTERED AGE	ENT				<del></del>
The name and Florida Name: Address:	r street address (P.C.)	D. Box NOT acceptab	#412	gent is:	TALLAHAS	2011 Nov
ARTICLE VII IN The name and addres Name: Address:	CORPORATOR s of the Incorporator	18. + trec 75-19 St. w Lus FL 347	441Z		RY OF SIATE SEE, FLORIS	
Having been named a this certificate, Lam fa	miliar with and acco	o accept service of prept the appointment a	rocess for the above s s registered agent and	d agree to act in th	at the place designatis capacity	nted in
I submit this documen	it and affirm that ti	ture/Registered Agent he facts stated herein titutes a third degree f	ı are true. I am awaı	re that the false in in s.817.155, F.S.	Date  formation submitte	d in a
	Required Sign	nature/Incorporator			/U/24///	