

P12000005324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500217372215

500217372215  
01/13/12--01006--005 \*\*70.00

FILED  
12 JAN 13 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/12/12

**COVER LETTER -**

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

**SUBJECT: MORTNER 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 P Ortner  
Name (Printed or typed)

5115 Arley Road  
Address

North Port, FL 34288  
City, State & Zip

941-806-8483  
Daytime Telephone number

mortner@mortnerconsulting.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**  
12 JAN 13 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: MORTNER CONSULTING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5115 Arley Road  
North Port, FL 34288

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide consulting, advice, instruction, development, and implementation services to businesses relative to the information technology needs.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

|                 |                                     |                 |       |
|-----------------|-------------------------------------|-----------------|-------|
| Name and Title: | <u>Matthew P Ortnier, President</u> | Name and Title: | _____ |
| Address:        | <u>5115 Arley Road</u>              | Address:        | _____ |
|                 | <u>North Port, FL 34288</u>         |                 | _____ |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address:        | _____ | Address:        | _____ |
|                 | _____ |                 | _____ |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address:        | _____ | Address:        | _____ |
|                 | _____ |                 | _____ |

**ARTICLE VI REGISTERED AGENT**

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

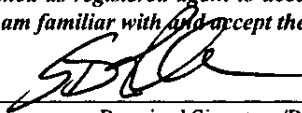
Name: Scott D Foeller, Esq.  
Address: 889 North Washington Blvd  
Sarasota, FL 34236

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Matthew P Ortnier  
Address: 5115 Arley Road  
North Port FL 34288

*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

1-9-12

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

1/5/2012  
Date