

P/2000022808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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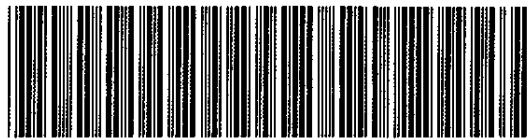
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAR -5 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/08/12

COVER LETTER

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

SUBJECT: Steckman 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Martin Steckman

Name (Printed or typed)

3984 Isla Ciudad Ct.

Address

Naples, Florida 34109

City, State & Zip

239-591-4448

Daytime Telephone number

msteckman1@comcast.net

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)

ARTICLE I NAME

The name of the corporation shall be: Steckman Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3984 Isla Ciudad Ct.
Naples, Florida 34109

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martin Steckman, President
Address: 3984 Isla Ciudad Ct.
Naples, Florida 34109

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Martin Steckman
Address: 3984 Isla Ciudad Ct.
Naples Florida 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Martin Steckman
Address: 3984 Isla Ciudad Ct.
Naples Florida

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

Martin Steckman

Required Signature/Registered Agent

3/2/2012
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.

Martin Steckman

Required Signature/Incorporator

3/2/2012
Date

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA