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(Requestor's Name)

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(City/State/Zip/Phone #)

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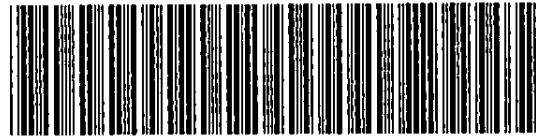
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: CTM Consultants, 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: Thomas J. Mullen
Name (Printed or typed)
P.O. Box 1774
Address
Port Salerno, FL 34992
City, State & Zip
772-485-8160
Daytime Telephone number
tmullen4922@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: CTM Consultants, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7421 S.E. Jamestown Terrace
Hobe Sound, FL 33455

P.O. Box 1774
Port Salerno, FL 34992

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas J. Mullen President Name and Title: _____

Address P.O. Box 1774 Address: _____
Port Salerno, FL 34992

Name and Title: Katherine Mullen Secretary Name and Title: _____

Address PO Box 1774 Address: _____
Port Salerno, FL 34992

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: Thomas J. Mullen
Address: 7421 S.E. Jamestown Terrace
Hobe Sound, FL 33455

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Thomas J. Mullen
Address: P.O. Box 1774
Port Salerno, FL 34992

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
Date 2/26/13

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
Date 2/26/13