## P1300078742

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(Bı	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	





300251830363

09/20/13--01019--008 \*\*78.75

SECRE TARY OF STATE OF STATE OF CORPORATION

on 9/24/13

## **COVER LETTER**

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

SIIR IECT.	<b>SLTG</b>	CONSUL	TING,	INCOR	PORATI	ΞD
SUDJECII			•			

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l 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 CO	

FROM: Eric V. Hires, Esquire	
Name (Printed or typed)	_
P.O. Box 568943	
Address	<del>-</del>
Orlando, FL 32856	_ <del>i</del>
City, State & Zip	) SEP
407-841-1902	P 20
Daytime Telephone number	
Eric@HiresLegal.com E-mail address: (to be used for future annual report notification)	PM 2: 4
2-mail address. (to be used for future almual report nonmeation)	- <del></del>

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)

SECRETARY OF STATE ARTICLE I NAME
The name of the corporation shall be: SLTG CONSULTING, INC. 13 SEP 20 PH 2:41 ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 11209 Veranda Court Same Bradenton, FL 34209 The purpose for which the corporation is organized is: advice to business organizations in and throughout Florida and the United States. ARTICLE IV SHARES
The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Douglas Shackelford Name and Title:\_\_\_\_ President Address Address: 11209 Veranda Court Bradenton, FL 34209 Name and Title: Name and Title: Address Name and Title: Name and Title: Address Address:

Name and	Title:	Name and Title:
Address	<del> </del>	Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Eric V. Hires, Esquire	
Address:	2739 Taylor Avenue	_
	Orlando, FL 32806	
ARTICLE VII	INCORPORATOR	
i ne <u>name and ad</u>	dress of the Incorporator is:	
Name:	Eric V. Hires, Esquire	
Address:	2739 Taylor Avenue	
	Orlando, FL 32806	-
	ed as registered agent to accept service of process my familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
I submit this doci document to the D	iment and affirm that the facts stated herein are	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
	Autor	9/1/1/3
ζ.	Required Signature/Incorporator	Date
		ن

SECKETARY OF STATE
DIVISION OF CORPORATIONS

13 SEP 20 PM 2: 41