

P15000019628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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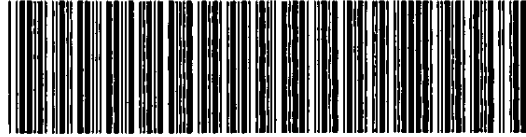
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/27/15--01011--021 **78.75

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15 FEB 27 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: 4th Street 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: John S. Terrill

Name (Printed or typed)

4001 Santa Barbara Blvd. Suite 403

Address

Naples Florida 34104

City, State & Zip

1-603-387-3435

Daytime Telephone number

JohnSTerrill@gmail.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: 4th Street Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

14960 Collier Blvd.

#3056

Naples Fla 34119

Mailing address, if different is:

4001 Santa Barbara Blvd

Suite 403

Naples Fla 34104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide consulting services in the fields
of non-profit management and community economic development, and to transact
any other lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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: John S. Terrill
Address: 14960 Collier Blvd #3056
Naples Fla 34119

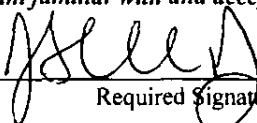
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

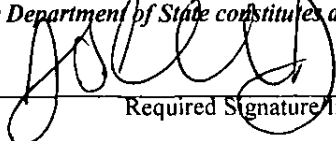
Name: John S. Terrill
Address: 4001 Santa Barbara Blvd #403
Naples Fla 34104

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

2/5/2015
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

2/5/2015
Date