

P 15000098668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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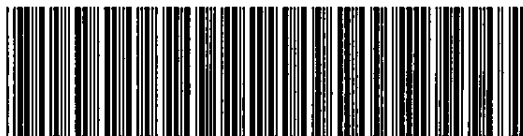
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 DEC - 7 PM 2:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

gf 12/11/15

COVER LETTER

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

SUBJECT: TWO M 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: MICHAEL FELDMAN

Name (Printed or typed)

20283 STATE ROAD 7, SUITE 400

Address

BOCA RATON, FL 33498

City, State & Zip

561-994-3733

Daytime Telephone number

TWOMCONSULTING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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FILED

NOTE: Please provide the original and one copy of the articles.

EFFECTIVE DATE 01/01/10

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal street address

20283 STATE ROAD 7

SUITE 400

BOCA RATON, FL 33498

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING FOR ACCOUNTING FIRMS AND
MANAGEMENT COMPANIES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL J. FELDMAN, PRESIDENT

Address 20283 STATE ROAD 7

SUITE 400

BOCA RATON, FL 33498

Name and Title: MINDY A. FELDMAN, VICE PRES.

Address: 20283 STATE ROAD 7

SUITE 400

BOCA RATON, FL 33498

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: MICHAEL J. FELDMAN

Address: 20283 STATE ROAD 7, SUITE 400

BOCA RATON, FL 33498

ARTICLE VII INCORPORATOR

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

Name: MICHAEL J. FELDMAN

Address: 20283 STATE ROAD 7, SUITE 400

BOCA RATON, FL 33498

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

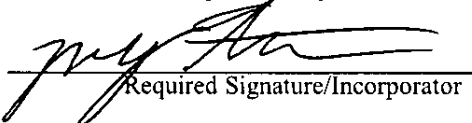
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/2/15
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

12/2/15
Date