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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 26 2016

T. BROWN

## COVER LETTER

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

**SUBJECT:** Anseris 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

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Mark A. Krantz  
Name (Printed or typed)

9346 Palm Island Circle  
Address

North Fort Myers, Florida 33903  
City, State & Zip

(904) 472-6560  
Daytime Telephone number

M5641389@Verizon.net  
E-mail address: (to be used for future annual report notification)

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

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

The name of the corporation shall be: Anseris Consulting Inc

Principal **street** address  
9346 Palm Island Circle

North Fort Myers, Florida 33903

**ARTICLE III PURPOSE** The purpose for which the corporation is organized is: to provide consulting and training services to customers on the  
their inventory forecasting and replenishment software systems.

**ARTICLE IV SHARES** 1000  
The number of shares of stock is:

Name and Title: Mark A Krantz, President

Address 9346 Palm Island Circle  
North Fort Myers, FL 33903

Name and Title: Jill E Krantz, Secretary

Address: 9346 Palm Island Circle  
North Fort Myers, FL 33903

Name and Title:

Name and Title:

Address

Address:

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: Mark A Krantz  
Address: 9346 Palm Island Circle  
North Fort Myers, FL 33903

**ARTICLE VII INCORPORATOR**

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

Name: Mark A Krantz  
Address: 9346 Palm Island Circle  
North Fort Myers, FL 33903

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (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

February 16, 2016

\_\_\_\_\_  
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

February 16, 2016

\_\_\_\_\_  
Date