

P160000038973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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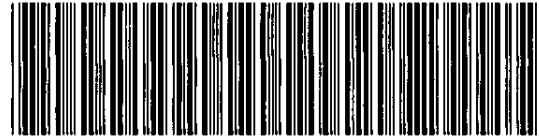
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAY 05 2016

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CT

May 5, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9992421 SO  
Customer Reference 1: FL Incorporation  
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

Courtright Consulting, Inc. (FL)  
Incorporation  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

## COVER LETTER

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

**SUBJECT:** Courtright 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:** Jennifer Milito  
\_\_\_\_\_  
Name (Printed or typed)  
  
900 Merchants Concourse, Suite 405  
\_\_\_\_\_  
Address  
  
Westbury, NY 11590  
\_\_\_\_\_  
City, State & Zip  
  
(888) 579-0286  
\_\_\_\_\_  
Daytime Telephone number  
  
ct-statecommunications@wolterskluwer.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: Courtright Consulting, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9458 Silver Pines Loop

Ft. Meyers, FL 33967

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any legal activity / business management services.

**ARTICLE IV SHARES**

The number of shares of stock is: 2,000 shares at \$.001

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: William C. Courtright-Director

Name and Title: \_\_\_\_\_

Address 9458 Silver Pines Loop

Address: \_\_\_\_\_

Ft. Meyers, FL 33967

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: NRAI Services, Inc.

Address: 1200 South Pine Island Road

Plantation, FL 33324.

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brent Buscay

Address: 9120 Double Diamond Parkway

Reno, NV 89521

**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*

NRAI Services, Inc.

By:   
Required Signature/Registered Agent

05/04/2016  
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

05/04/2016  
Date