

A6000050452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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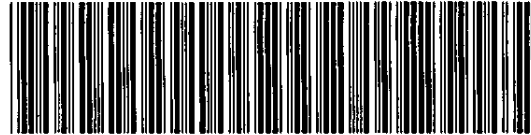
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Culligan JUN - 9.2016

## COVER LETTER

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

SUBJECT: Convergence Consulting Company  
(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: Melinda Richards  
Name (Printed or typed)  
4615 Stengal Loop, Unit 108  
Address  
Wesley Chapel, FL 33545  
City, State & Zip  
813-715-0555  
Daytime Telephone number  
mindela62@verizon.net  
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:

Convergence Consulting Company

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

4615 Stengal Loop, Unit 108  
Wesley Chapel, FL 33545

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To offer consulting services  
in market research.

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ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Dr. Melinda Richards

Name and Title:

Address

4615 Stengal Loop, Unit 108  
Wesley Chapel, FL  
33545

Address:

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: Melinda Richards  
Address: 4615 Stengal Loop, Unit 108  
Wesley Chapel, FL 33545

**ARTICLE VII INCORPORATOR**

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

Name: Melinda Richards  
Address: 4615 Stengal Loop, Unit 108  
Wesley Chapel, FL 33548

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: June 1, 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*

Melinda Richards  
Required Signature/Registered Agent

6/1/16  
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.*

Melinda Richard  
Required Signature/Incorporator

6/1/16  
Date