

P/6 000057425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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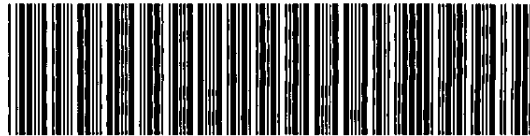
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/01/16--01010--006 **70.00

EFFECTIVE DATE 06/25/16

07/13/16

COVER LETTER

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

SUBJECT: Consulting AND Teaching Services, 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: Richard Mautner
Name (Printed or typed)

3201 NE 183 st Apt 2408
Address

Aventura FL 33160
City, State & Zip

305 308-5600
Daytime Telephone number

RMAUTNER@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: Consulting and Teaching Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3201 NE 183st Apt 2408
Aventura Fl 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting and
Teaching Dentistry

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Mautner Name and Title: _____

Address: President Address: _____

3201 NE 183st Apt 2408

Aventura Fl 33160

Name and Title: Rhonda Mautner Name and Title: _____

Address: Vice President Address: _____

3201 NE 183st Apt 2408

Aventura, Fl 33160

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: Richard Mautner

Address: 3201 NE 183rd Apt 2408
Aventura FL 33160

ARTICLE VII INCORPORATOR

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

Name: Richard Mautner

Address: 3201 NE 183rd Apt 2408
Aventura FL 33160

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/25/2016 (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

6/25/2016
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

6/25/2016
Date