

P16000061319

(Requestor's Name)

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☐ PICK-UP

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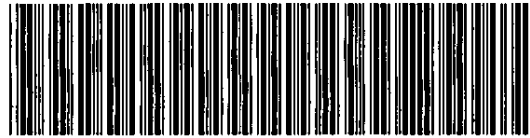
(Business Entity Name)

(Document Number)

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16 JUL 18 PM 5:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

*7/18
7/25/16*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

KEVIN O'MALLEY
712 BONAIRE CIRCLE
JACKSONVILLE BEACH, FL 32250

SUBJECT: PERFORMANCE MANAGEMENT CONSULTING GROUP, INC.
Ref. Number: W16000045606

We have received your document for PERFORMANCE MANAGEMENT CONSULTING GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please remove the dollar sign (\$) and decimal point from the number of shares of stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 316A00013529

RECEIVED
16 JUL 18 PM 4:30
FILED
16 JUL 18 PM 6:40
SECRETARY OF STATE
TANYA HENDERSON
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Performance Management Consulting Group, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kevin O'Malley

Name (Printed or typed)

712 Bonaire Circle

Address

Jacksonville Beach, FL 32250

City, State & Zip

678-358-6772

Daytime Telephone number

kpomal@aol.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: Performance Management Consulting Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

712 Bonaire Circle

Jacksonville Beach, FL 32250

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin O'Malley

Address 712 Bonaire Circle

Jacksonville Beach, FL 32250

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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: Kevin O'Malley
Address: 712 Bonaire Circle
Jacksonville Beach, FL 32250

ARTICLE VII INCORPORATOR

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

Name: Kevin O'Malley
Address: 712 Bonaire Circle
Jacksonville Beach, FL 32250

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/01/2016 (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
Date 5/25/16

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
Date 5/25/16