

From: 1888 42 1.718.8 420 Mor Aug 8 09:30:18 016 MF Page 1 of 1
P16000065321

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CTL CONSULT, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

16 AUG -8 PM 12:55

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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August 8, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES

SUBJECT: CTL CONSULT, INC.
REF: W16000054575

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

The person listed as the registered agent is not legible.

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

Matthew T Moon
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000191720
Letter Number: 716A00016597

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: CTL CONSULT, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6355 Mckinley Ter

Englewood FL 34224

Mailing address, if different is:

201 50th AVE APT 23M

LONG ISLAND CITY, NY 11101

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for

which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cherish Lynn/PRESIDENT

Address 6355 Mckinley Ter

Englewood FL 34224

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

15 AUG -8 AM 9:32
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: Cherish Lynn
Address: 6355 McKinley Ter
Englewood FL 34224

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Cherish Lynn
Address: 6355 McKinley Ter
Englewood FL 34224

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

(X) [Signature]
Required Signature/Registered Agent

8.5-16
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.

(P) [Signature]
Required Signature/Incorporator

8.5-16
Date