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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Pattern 3 Advisors, 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:** Mark A. Guthrie  
Name (Printed or typed)  
3129 Donald Ross Rd E.  
Address  
Sarasota, FL 34240  
City, State & Zip  
941-343-9227  
Daytime Telephone number  
mgut@aol.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: Pattern 3 Advisors, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3129 Donald Ross Rd E

Sarasota, FL 34240

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A consulting practice offering advisory, management and business services.

To develop methods and materials used in business management.

To advise others engaged in offering consulting services.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Mark A. Guthrie, President	Name and Title:	Craig A. Faulkner, Treasurer
Address	3129 Donald Ross Rd E Sarasota, FL 34240	Address:	2798 Kennedy Drive Venice, FL 34292
Name and Title:	Mark A. Guthrie, Secretary	Name and Title:	Craig A. Faulkner, Director
Address	3129 Donald Ross Rd E Sarasota, FL 34240	Address:	2798 Kennedy Drive Venice, FL 34292
Name and Title:	Mark A. Guthrie, Director	Name and Title:	
Address	3129 Donald Ross Rd E Sarasota, FL 34240	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: Mark A. Guthrie \_\_\_\_\_

Address: 3129 Donald Ross Rd E \_\_\_\_\_

Sarasota, FL 34240 \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Mark A. Guthrie \_\_\_\_\_

Address: 3129 Donald Ross Rd E \_\_\_\_\_

Sarasota, FL 34240 \_\_\_\_\_

**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*

\_\_\_\_\_  
Required Signature/Registered Agent

8/4/16  
\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

8/4/16  
\_\_\_\_\_  
Date