P16000090236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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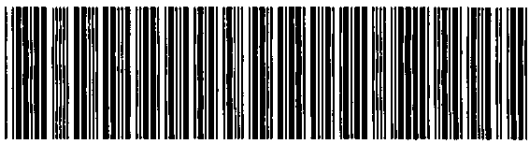

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MOON
NOV 07 2016

COVER LETTER

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

SUBJECT: NTM CONSULTING, 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: NICHOLAS MONTOYA
Name (Printed or typed)

5281 W HILLSBORO BLVD APT #101
Address

COCONUT CREEK, FL, 33073
City, State & Zip

702-481-6562
Daytime Telephone number

SIRNICHOLASMONTOYA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

To Whom it May Concern:

10/27/2016

I am releasing the name NTM Consulting, Inc with no intention to reinstate.

Sincerely,

NTM Consulting, Inc

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TALLAHASSEE, FLORIDA
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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: NTM CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

5281 W HILLSBORO BLVD
APT. 101
COCONUT CREEK, FL 33073

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICHOLAS M MONTOYA
Address: 5281 W HILLSBORO BLVD
APT #101
COCONUT CREEK, FL 33073

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: NICHOLAS MONTOYA

Address: 5281 WEST HILLSBORO BLVD APT#101

COCONUT CREEK, FL 33073

ARTICLE VII INCORPORATOR

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

Name: NICHOLAS M MONTOYA

Address: 5281 WEST HILLSBORO BLVD APT #101

COCONUT CREEK, FL 33073

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-26-2016 . (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

_____ 10-26-2016

Required Signature/Registered Agent 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.

_____ 10-26-2016

Required Signature/Incorporator Date