

P/17000050425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

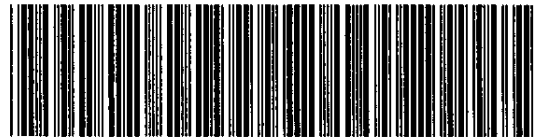
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200300117362

06/09/17--01026--009 \*\*78.75

FILED  
17 MAY -9 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06/12/17

## COVER LETTER

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

**SUBJECT:** Traustam24 Consulting Incorporated

(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:** Stephen M. Keith

Name (Printed or typed)

5056 Jennifer Place

Address

Orlando, FL 32807

City, State & Zip

(814)421-1319

Daytime Telephone number

stephen.m.keith@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: Traustam24 Consulting Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5056 Jennifer Place  
Orlando, FL 32807

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any and all lawful business providing software consulting services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Stephen M. Keith, President

Name and Title: \_\_\_\_\_

Address 5056 Jennifer Place  
Orlando, FL 32807

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
17 MAY 19 AM 10:48  
CLERK OF CIRCUIT COURT  
JULIA HARRIS, CLERK  
ORLANDO, 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: Stephen M. Keith

Address: 5056 Jennifer Place

Orlando, FL 32807

17 MAY - 9 AM 10:48  
RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Stephen M. Keith

Address: 5056 Jennifer Place

Orlando, FL 32807

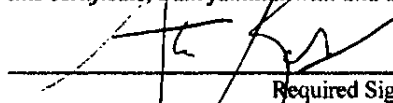
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: June 1, 2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

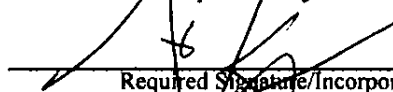
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

6/1/2017  
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

6/1/2017  
Date