## orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Account Number : 120170000034 .

: (239)689-1096

Phone Fax Number

: (239)791-8132

\*\*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 MTO CONSULTING, INC

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## **COVER LETTER**

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

SUBJECT:	MTO CONSULTING, INC  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the ar			
□ \$70.00 Filing Fee	□ \$78.75 Filing Fcc & Certificate of Status	□ \$78.75 Filing Fcc & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	RITA JACKMAN Nam	e (Printed or typed)		
	2050 MCGREGOR	BLVD		
		Address		
	FORT MYERS, FL			
	City,	State & Zip		
	Daytime T	elephone number	<u>.</u>	
	LEGAL@YOUR-AI			
	E-mail address: (to be used	d for future annual report n	otification)	

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)

RTICLE I NAME	A PECO CONTRACT TIME P	NIC .			
he name of the corporat	ion shall be: MTO CONSULTING, I	NC	·		
RTICLE II PRINC					
146 SE 44TH TE	Principal <u>street</u> address		Mailing address, if diffe	erent is:	
CAPE CORAL,					
RTICLE III PURPO	<u>SE</u>				
he purpose for which the	ne corporation is organized is: ANY	AND ALL LAWFUI	, BUSINESS		
					<b>0.3</b>
		to 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		خو	22
				ML MASSI	
			·	_0,	1
RTICLE IV SHARE te number of shares of s	tvekie 100			n	=
te number of states of s	405R IS			0	5
DTICLE V INTTA	L OFFICERS AND/OR DIRECTORS				•
				7-	r
Name and Title:	MICHAEL TRENT O'DONNELL, P	RES. Name and Title:	LADONDA A. O'DO	ONNELL,	<u>VP</u>
Address	146 SE 44TH TER	Address:	146 SE 44TH TER		
	CAPE CORAL, PL 33904		CAPE CORAL, FL	33904	
		<del></del> · .			
				_,,	
Name and Title:		Name and Title:			
		المحمد			
Address		Address: .			
•		<del></del>			
Name and Title:		Name and Title:	<del></del> .		
Address		Address:			
-		<del></del> -			

Name a	and Title:	Name and Title:
Addre	283	Address:
ARTICLEVI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT accepta	ible) of the registered agent is:
Name:	RITA JACKMAN	<del></del>
Address:	2050 MCGREGOR BLVD	- <del></del> -
	FORT MYERS, FL 33901	
		202
<u>ARTICLE VII</u>	INCORPORATOR	
The name and :	address of the Incorporator is:	SEP -7
Name:	RITA JACKMAN	-7
Address:	2050 MCGREGOR BLVD	Te A
	FORT MYERS, FL 33901	PALLAHASSEE, FLORIE
		222
	FFFECTIVE 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 days prior or 90 days after the
filing.)		
		icable statutory filing requirements, this date will not be listed as
the document's	effective date on the Department of State's re-	coraș.
Having been na	med as registered agent to accept service of pro	ocess for the above stated corporation at the place designated in this
certificate, Law	familiar with and accept the appointment as re	egistered agent and agree to act in this capacity
•		—— 9/7/2z
	Required Signature/Registered Ager	I) Date
l submit this do locument to the	ocument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a f <del>elony as provided for</del> in s.817.155, F.S.
RIT	TA JACKMAN	09/07/2022
	ture/Incorporator	Date