

P23000084107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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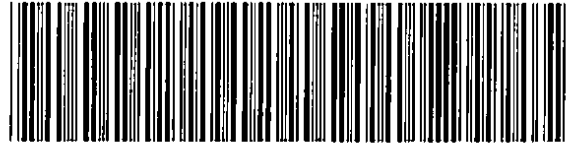
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: TMT Corporate 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Teri M. Trimmer

Name (Printed or typed)

2000 NE 21 Avenue

Address

Fort Lauderdale, FL 33305

City, State & Zip

9542587707

Daytime Telephone number

teritrimmer@yahoo.com

E-mail address: (to be used for future annual report notification)

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

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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: TMT Corporate Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2000 NE 21 Avenue
Fort Lauderdale, FL 33305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Corporate consulting

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Teri M. Trimmer, President

Name and Title: Teri M. Trimmer, Treasurer

Address: 2000 NE 21 Avenue
Fort Lauderdale, FL 33305

Address: 2000 NE 21 Avenue
Fort Lauderdale, FL 33305

Name and Title: Teri M. Trimmer, Secretary

Name and Title: Teri M. Trimmer, Director

Address: 2000 NE 21 Avenue
Fort Lauderdale, FL 33305

Address: 2000 NE 21 Avenue
Fort Lauderdale, FL 33305

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: Teri M. Trimmer
Address: 2000 NE 21 Avenue
Fort Lauderdale, FL 33305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Teri M. Trimmer
Address: 2000 NE 21 Avenue
Fort Lauderdale, FL 33305

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 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
11/14/2023
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
11/14/2023
Date

2023 NOV 15 11:10:23