

P24000031457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

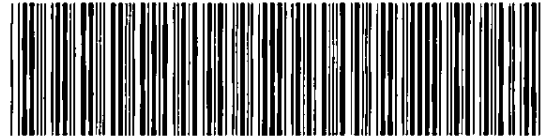
(Business Entity Name)

(Document Number)

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

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S. CHATHAM  
MAY - 1 2024

**FILED**  
2024 MAY -7 PM 5:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

MS

## COVER LETTER

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

SUBJECT: VERTICAL HORIZONS 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: SHANNON CLATCHEY  
Name (Printed or typed)

P.O. Box 42  
Address

NICEVILLE, FL 32578  
City, State & Zip

850-699-6147  
Daytime Telephone number

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

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

THIS IS A REVISED VERSION OF THE FILING  
FOR # W21000020613 TO CHANGE THE NAME

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: VERTICAL HORIZONS CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

410 MARION DR.  
NICEVILLE, FL 32578

Mailing address, if different is:

P.O. Box 42  
NICEVILLE, FL 32578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE SURVEYING AND  
CONDUCT ALL LAWFUL BUSINESS ACTIVITIES LEGALLY  
PERMITTED IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHANNON CLATCHEY Name and Title: \_\_\_\_\_

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

P.O. Box 42 \_\_\_\_\_

NICEVILLE, FL 32578 \_\_\_\_\_

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

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

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

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

FILED  
2024 MAY -7 PM 5:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: SHANNON CLATCHEY

Address: 410 MARION DR

NICEVILLE, FL 32578

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHANNON CLATCHEY

Address: P.O. BOX 42

NICEVILLE, FL 32578


**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:*

 SHANNON CLATCHEY  
Required Signature/Registered Agent

04/12/24  
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

04/12/24  
Date

SHANNON CLATCHEY