

P24000053747

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

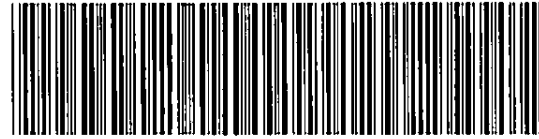
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DATE 10/1/2024 BY 60322 UCBAW

## COVER LETTER

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

SUBJECT: PHOENIX CONSULTING + CONSTRUCTION  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
MANAGEMENT INC

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: JULIUS H. WYNN JR.  
Name (Printed or typed)

1001 BASIN ST.  
Address

TALLAHASSEE FLA 32304  
City, State & Zip

(850) 567-1973  
Daytime Telephone number

JULIUSHWYNN@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: PHOENIX CONSULTING & CONSTRUCTION MANAGEMENT INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1001 BASIN ST.  
TALLAHASSEE FL.  
32304

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: OFFER ADVISE AS IT RELATES TO CONSTRUCTION DESIGN, CONSTRUCTION MANAGEMENT, PERMITTING, AND INSPECTION OF ALL DIVISIONS OF CONSTRUCTION.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: JULIUS H. WYNN JR. Name and Title: \_\_\_\_\_

Address 1001 BASIN ST. Address: \_\_\_\_\_  
TALLAHASSEE, FL  
32304 PRESIDENT

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

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

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

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

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: JULIUS H. WYNN JR.

Address: 1001 BASIN ST.  
TALLAHASSEE, FLA.  
32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JULIUS H. WYNN JR.

Address: 1001 BASIN ST.  
TALLAHASSEE, FLA.  
32309

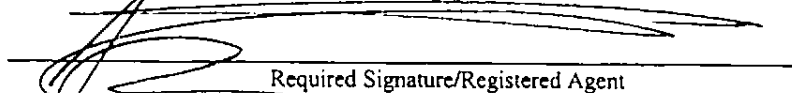
**ARTICLE VIII EFFECTIVE DATE:**

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

8/21/2024  
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

8/21/2024  
Date