

P240000SS535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

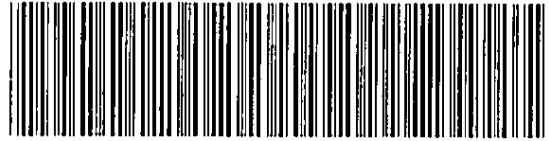
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



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2024 AUG 28 AM 9:47  
TALLAHASSEE, FL

2024 AUG 28 PM 3:30  
TALLAHASSEE, FL



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 08/28/24  
Order #: 1604694-1  
Re: Morpheus Management Consulting, Inc,  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

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

SUBJECT: Morpheus Management 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: Charles M. LeSchack  
Name (Printed or typed)  
Cummings & Lockwood LLC  
Address  
Six Landmark Square, 8th Floor  
City, State & Zip  
(203) 351-4418  
Daytime Telephone number  
cleschack@cl-law.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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TALLAHASSEE  
FL  
TAT

**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: Morpheus Management Consulting, Inc.,

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12328 Litchfield Lane

Fort Myers, FL 33913

12328 Litchfield Lane

Fort Myers, FL 33913

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation shall engage in any activity or business  
permitted under the laws of the United States and of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Oliver F. Technow, President

Address: 12328 Litchfield Lane  
Fort Myers, FL 33913

Name and Title: Oliver F. Technow, Director

Address: 12328 Litchfield Lane  
Fort Myers, FL 33913

Name and Title: Oliver F. Technow, Secretary & Treasurer

Address: 12328 Litchfield Lane  
Fort Myers, FL 33913

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

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

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

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

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

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

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2024 AUG 28 AM 9:47  
CLERK 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: Oliver F. Technow

Address: 12328 Litchfield Lane

Fort Myers, FL 33913

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Helen Mena, Esq.

Address: 3001 Tamiami Trail North, Suite 400

Naples, FL 34103

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**2024 AUG 28 AM 9:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

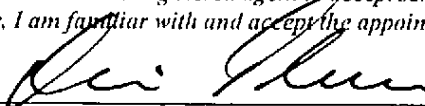
**ARTICLE VIII EFFECTIVE DATE:**

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.)

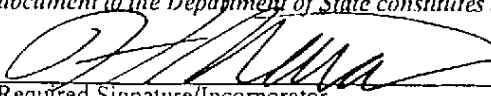
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

08/22/2024  
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

8/22/2024  
Date