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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

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SUBJECT: North Fla Consulting 3 Finances Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
"Primerica Financial services"

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Debra White
Name (Printed or typed)

1204 Central St
Address

Tall, Fla 32304
City, State & Zip

229-296-7088
Daytime Telephone number

Debra White12@gmail.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 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: North Fla Consulting & Financial Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1204 Central St
Tallahassee Fla 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance, Financial Service,
Consulting, Referrals

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Officers Electing meeting as Referral Agents

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patsy Griffin

Address: 219 Tropicana St
Tall, Fla.
32310

Name and Title: Michelle Britt - Agent

Address:

709 W. Church St Apt 602
Perry Fla. 32347

Name and Title: Samantha Speed

Address:

480 11th Ave Apt F46
Chino, GA 39808

Name and Title:

Address:

Stephanie Harris (Pickard)
501 Volusia St
Tall, Fla 32303

Name and Title:

Address:

Name and Title:

Address:

2018 MAY 29 PM 2:01

FILED

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: Debra White

Address: 1204 Central St
Tall, Fla. 32304

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Debra White

Address: 1204 Central St
Tall, Fla. 32304

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TALLAHASSEE, FLORIDA

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

Debra White
Required Signature of Registered Agent

5/28/19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Debra White
Required Signature of Incorporator

5/28/19
Date