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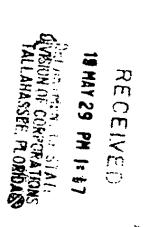
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FILING CANCELLED
DUE TO RETURNED CHECK

D O'KEEFF MAY 2 9 2019



## **COVER LETTER**

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

## FILING CANCELLED DUE TO RETURNED CHECK

ADDITIONAL COPY REQUIRED

	Inc.
SUBJECT: North Fla Consulting	3 Finances Say
(PROPOSED CORPORATE NAME <u>AN</u>	UST INCLUDE SUFFIX)
"Primericas Financial Sectus)	ı

FROM: Icha Lhtte

Name (Printed or typed)

1204 (entrul 5th
Address

Tall Fla 33304

City. State & Zip

Daytime Telephone number

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

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

FILING CANCELLED ARTICLES OF INCORPORATION DUE TO RETURNED CHECK In compliance with Chapter 617, F.Ş., (Not for Profit)

	PRINCIPAL OFFICE	
	Principal street address:	Mailing address, if different is:
	204 Central St	
<u> </u>	illahossas Fla 3.	2304
RTICLE III	PURPOSE	Insurance, Financial Strive
The purpose fo	or which the corporation is organized is: $\underline{}$	ferals
<u> </u>	W. SMANNET	1-44 ()
<del>, , , , , , , , , , , , , , , , , , , </del>		
Q(h)	cers electing one	ting as referal Agents
IRTICLE V	INITIAL OFFICERS AND/OR DIRECTO	•
ARTICLE_V_Name and Title	INITIAL OFFICERS AND/OR DIRECTO	•
ARTICLE V Name and Titl Address	EPPLSY CITTURE  219 TWOICONSY	•
ARTICLE V Name and Titi Address	1NITIAL OFFICERS AND/OR DIRECTO DEPTSY CONTRACTO 219 TWDICON SY TRILL FLQ.	•
Name and Titl Address	219 Tropicanost Tall, Fla.	Name and Title: Michela Britt - Agent Address: 709 W. Church St Apt Perry Fig. 32347
Name and Titl Address	219 Tropicanost Tall, Fla.	Name and Title: Michela Britt - Agent Address: 709 W. Church St Apt Perry Fig. 32347
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Name and Titl Address  Name and Titl Address	219 Tropicanost Tall, Fla. 32310  10: Samultha Speed 450 112 pre perferte CDIN, GA 39828	Name and Title: Michela Britt - Agent Address: 709 W. Church St Apt Perry Fla. 32347  Name and Title: Stephanie Harris (Proposition of the Stephanie Stephan
Name and Titl Address  Name and Titl Address	219 Tropicanost Tall, Fla.	Name and Title: Michela Britt - Agent Address: 709 W. Church St Apt Perry Fla. 32347  Name and Title: Stephanie Harris (Proposition of the Stephanie Stephan
Name and Titl Address Name and Tit Address	219 Tropicanost Tall, Fla. 32310  10: Samultha Speed 450 112 pre perferte CDIN, GA 39828	Name and Title: Michela Britt - Agent Address: 709 W. Church St Apt Perry Fla. 32347  Name and Title: Stephanie Harris (Proposition of the Stephanie Stephan
Name and Titl Address  Name and Titl Address  Name and Tit	219 Tropicanost Tall, Fla. 32310  10: Samultha Speed 450 112 pre perferte CDIN, GA 39828	Name and Title: Michela Britt - Agent Address: 709 W. Church St. Apt Perry Fla. 32347  Name and Title: Stephanie Harris (Proposition of the Stephanie St. St. Sc. Proposition of the St. St. Proposition of the St. Propo

Name and Title:	Name and Title:		
Address	Address:	·	
Name and Title:	Name and Title:		
Address	Address:	<del></del>	and the state of the state of
		FILING CAN	FI I FD
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:		JRNED CHECK
Name: Delha U	hite	202101121	
Address: 1204 Centro	-: Sł		
	32304		
	<u> </u>	÷.	2018
ARTICLE VII INCORPORATOR			# n
The name and address of the incorporator is:	(1/1-to	AHASSILLTO	FIL 7
Name:	to 151		ED PH
	tral St	**************************************	ED PH 2:
<u> [G][ ]-14</u>	33304		• • • • • • • • • • • • • • • • • • •
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specified)	. (OPTION	AL) s prior or 90 days after the	· filing.)
(if all effective date is fisted, the date finds the spec-	the and change be more than he day		. 67
Note: If the date inserted in this block does not mee document's effective date on the Department of State	et the applicable statutory filing requireme's records.	ents, this date will not be lis	ted as the
Having been named as registered agent to accept secretificate, I am familiar with and accept the appoint	service of process for the above stated c tment as registered agent and agree to a	et in this capacity	İ
Required Signature of Re	gistered Agent	$\frac{1}{1000}$	19
I submit this document and affirm that the facts state to the Department of State constitutes a third degree	ted herein are true. I am aware that any felony as provided for in s.817,155, F.S.	false information submitted	in a document
HUMA CL Required Signature	htte	$\frac{5}{38}$	119