

PO2000124018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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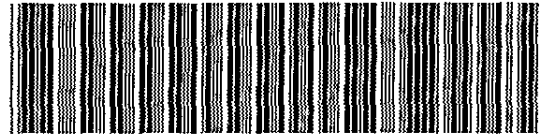
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lana GAVE

AUTHORIZATION BY PHONE TO

CORRECT Art. VI

DATE 11-22-02

DOC. EXAM [Signature]

W02-33104

11-21-02
[Signature]

TRANSMITTAL LETTER

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

SUBJECT: Consecutive 12 Management 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: Lana Robbins
Name (Printed or typed)

POB 700

Address

New Port Richey, FL 34656-0700

City, State & Zip

(727) 842-2826

Daytime Telephone number

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:

Consecutive 12 Management Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

POB 700

New Port Richey FL 34656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

management service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LANA ROBBINS

5745 MAIN ST., STE 208

NEW PORT RICHEY, FL 34652

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lana Robbins

POB 700

New Port Richey FL 34656

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

Lana Robbins

Signature/Registered Agent

Lana Robbins

Signature/Incorporator

11/16/2002

Date

11/16/2002

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV 18 AM 10:16

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