

P 03000107701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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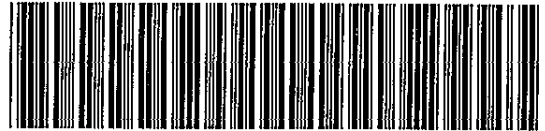
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: ICB Business Advisors, 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: CARLOS A. CARRERO
Name (Printed or typed)

9995 Hood Rd
Address

JACKSONVILLE, FL 32257
City, State & Zip

904-234-3803
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., (For Profit)

Article 1 Name

IC3 Business Advisors, Inc.

Article 2 Principal Office

9995 Hood Rd.
Jacksonville, Fl. 32257

Article 3 Purpose

Provide Accounting, Bookkeeping, Tax and/or Business Development Services

Article 4 Number of Shares

1000 Common Shares

Article 5 Initial Directors and/or Officers

Carlos A. Carrero, 9995 Hood Rd. Jacksonville, Fl. 32257, President
Irma A. Carrero, 9995 Hood Rd. Jacksonville, Fl. 32257, Vice President

Article 6 Initial Registered Agent and Street Address

Carlos A. Carrero, 9995 Hood Rd. Jacksonville, Fl. 32257

Article 7 Incorporator

Carlos A. Carrero, 9995 Hood Rd. Jacksonville, Fl. 32257

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.



Signature/Registered Agent

9/15/03
Date



Signature/Incorporator

9/15/03
Date

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