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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Transmittal Letter

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

RE: James Financial Planning Services, Inc

Dear Dept. of State,

James Von

Enclosed are an original and one (1) copy of the articles of incorporation and a check for \$78.75 for the filing fee.

Sincerely,

Articles of Incorporation

	The undersigned incorporator, for purposes of forming a corporation under the Florida Business				
	Corporation Act, hereby adopts the following Articles of Incorporation.	03	TAS		
-	Article 1 – Name) DEC	ECRET		
	The name of the corporation shall be:	CTT	SSE		
	James Financial Planning Services, Inc.	AH 9:	EE, FL		
	9 /	£-	.STA		
	Article II – Principal Office				
	The principal place of business and the mailing address of this corporation shall be:				
	1204 SW SU I am Mailing address				
	1204 SW 54 Lane Mailing address Cape Coral, FL 33514 PO BOX 10143	0			
	Article III Shares Cape Coral FL		10		
	Article III – Shares	301	110		
	The number of shares of stock that this corporation is authorized to have outstanding at an	ıy one	}		
	time is: /000				

Article IV – Initial Registered Agent and Street Address The name and Florida street address of the initial registered agent is:

	= -	0	0
James Voss	1204	SW SF	Lane
	Cape	Coral	FL 33914

Article V - Incorporator

The name and address of the incorporator to these articles of Incorporation is:

James Voss 1204 SW 54 Lane Cape Coral FC 33914

Article VI – Effective Date

The date requested for the acceptance of these Articles of Incorporation is:

January 2, 2004

(amestor) 12-12-03

Signature/Incorporator Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent Date