

P040000011461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

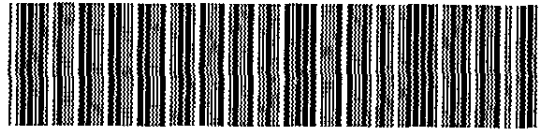
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800025924368

01/08/04--01013--006 \*\*78.75

FILED  
04 JAN -8 AM 9:42  
STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: CLASSICAL CONSULTING, 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ALYSON K. HUMPHREYS  
Name (Printed or typed)

2603 NW 13<sup>th</sup> ST, PMB 327  
Address

GAINESVILLE, FL 32609  
City, State & Zip

352-377-6132  
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:

CLASSICAL CONSULTING, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2603 NW 13<sup>TH</sup> STREET PMB 327  
GAINESVILLE, FL 32609

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULT WITH CLIENTS ON BUSINESS PROBLEMS

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SELDEN HUMPHREYS 2260 NW 41<sup>ST</sup> PL, GAINESVILLE, FL,  
PRESIDENT 32605

### ARTICLE VI REGISTERED AGENT

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

ALYSON K HUMPHREYS 2260 NW 41<sup>ST</sup> PL GAINESVILLE, FL  
32605

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALYSON K. HUMPHREYS 2260 NW 41<sup>ST</sup> PL GAINESVILLE, FL  
32605

\*\*\*\*\*  
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

Alyson Humphreys  
Signature/Registered Agent

ALYSON K. HUMPHREYS

1/6/04  
Date

Alyson Humphreys  
Signature/Incorporator

ALYSON K. HUMPHREYS

1/6/04  
Date