

706000006299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

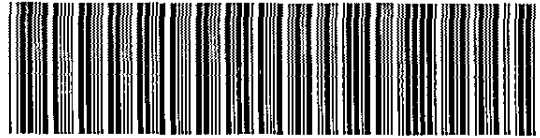
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05 DEC 30 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 04 2006

COVER LETTER

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

SUBJECT: Consolidated Portfolio Svcs, 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: Consolidated Portfolio Svcs, Inc.
Name (Printed or typed)

15371 SW 101 Ave #A101
Address

Miami, FL 33157
City, State & Zip

305-305-9012
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Consolidated Portfolio Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15371 SW 101 Ave #A101
Miami, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any & all Legal purposes

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):

C. Armas - Exec Director
N. Tasis - Ops Director
A. Paerz - Pres

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

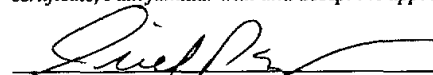
A. Paerz
14224 SW 136 St
Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

B. Paerz
14224 SW 136 St
Miami, FL 33186.

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

12/24/05

Date



Signature/Incorporator

12/24/05

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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