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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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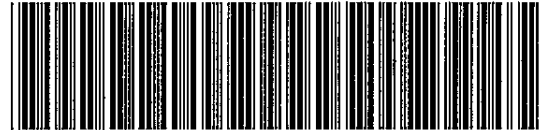
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 APR 10 P 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4-10-06

COVER LETTER

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

SUBJECT: CES Support Coordination Services, 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: Sanquetta Cowan
Name (Printed or typed)

2360 Taylor Lane
Address

West Palm Beach, FL 33415
City, State & Zip

561-432-0074
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:

C & S Support Coordination Services, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2360 Taylor Lane
West Palm Beach, FL 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Support Coordination
For any lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sanquetta Cowan | CEO
2360 Taylor Lane
West Palm Beach, FL 33415

ARTICLE VI REGISTERED AGENT

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

Sanquetta Cowan
2360 Taylor Lane
West Palm Beach, FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sanquetta Cowan
2360 Taylor Lane
West Palm Beach, FL 33415

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

Sanquetta Cowan
Signature/Registered Agent

Sanquetta Cowan
Signature/Incorporator

4/5/06
Date

4/5/06
Date

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2006 APR 10 P 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA