

PD6000/15246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

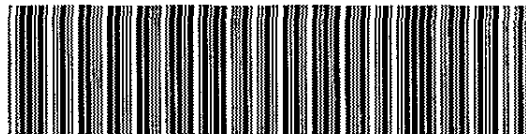
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_



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09/05/06--01034--003 \*\*78.75

FILED

06 SEP -5 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

*Laurence Livingston* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Article I*  
DATE *9/6/06*  
DOC. EXAM *MRD*

*MRD*  
*9/6*

Office Use Only

**COVER LETTER**

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

SUBJECT: Cambridge Retirement Consultants  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Corporation

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: Cambridge Retirement Consultants  
(Name (Printed or typed))

11920 Sheldon Rd Ste D.  
Address

Tampa FL 33626  
City, State & Zip

813- 792- 5250  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

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06 SEP -5 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Cambridge Retirement Consultants  
Corporation

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11920 Sheldon Rd. Ste D Tampa FL 33626

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any Lawful Activity

**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):

Sandeva Morris President - 11920 Sheldon Rd.  
Ste D  
Tampa, FL 33626

**ARTICLE VI REGISTERED AGENT**

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

Lawrence Livingston - 11920 Sheldon Rd Ste D Tampa  
FL 33626


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

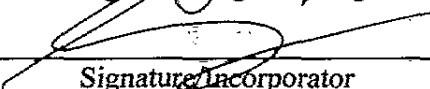
Sandeva Morris 11920 Sheldon Rd. Ste D. Tampa  
FL 33626

\*\*\*\*\*

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

8-30-06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8-30-06  
\_\_\_\_\_  
Date