

P07000092584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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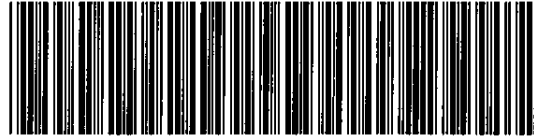
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.F. 8-17

## COVER LETTER

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

**SUBJECT:** South Florida Business Partnership, 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:** South Florida Business Partnership, Inc.

Name (Printed or typed)

1820 N. Corporate Lakes Blvd. Suite 102

Address

Weston, Florida 33326

City, State & Zip

(954) 389-0314

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2007

SOUTH FLORIDA BUSINESS PARTNERSHIP, INC.  
1820 N. CORPORATE LAKES BLVD., STE. 102  
WESTON, FL 33326

SUBJECT: SOUTH FLORIDA BUSINESS PARTNERSHIP, INC.  
Ref. Number: W07000038127

We have received your document for SOUTH FLORIDA BUSINESS PARTNERSHIP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filing Section

Letter Number: 607A00048277

## 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:

South Florida Business Partnership, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1820 N. Corporate Lakes Blvd. Suite 102  
Weston, Florida 33326

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Networking Group

### **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):

Jeffrey R. Rotman President  
1820 N. Corporate Lakes Blvd. Suite 102, Weston, Florida 33326  
Shari Roth Vice President  
2090 Augusta, Weston, Florida 33326  
Terry Santini Secretary/Treasurer  
4179 Davie Road, Suite 200, Davie, Florida 33314

### **ARTICLE VI REGISTERED AGENT**

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

Jeffrey R. Rotman  
1820 N. Corporate Lakes Blvd. Suite 102  
Weston, Florida 33326

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jeffrey R. Rotman  
1820 N. Corporate Lakes Blvd. Suite 102  
Weston, Florida 33326

\*\*\*\*\*

*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

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

FILED

2007 AUG 16 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
08-13-07

\_\_\_\_\_  
Date

\_\_\_\_\_  
08-13-07

\_\_\_\_\_  
Date