

P08000087/26

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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08 SEP 19 AM 11:38  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 SEP 19 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W08000043862

EP 9/23/08



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2008

CAPITAL CONNECTION, INC.\*\*\*

SUBJECT: NATIONWIDE BUSINESS CONSULTANTS, INC.  
Ref. Number: W08000043862

RECEIVED  
08 SEP 22 PM 3:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RE-SUBMIT  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

We have received your document for NATIONWIDE BUSINESS CONSULTANTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

If you have any further questions concerning your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 008A00050997

RE-SUBMIT  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NATIONWIDE BUSINESS  
CONSULTANTS, INC.

Signature \_\_\_\_\_

Requested by \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

☒ Art of Inc. File \_\_\_\_\_  
☐ LTD Partnership File \_\_\_\_\_  
☐ Foreign Corp. File \_\_\_\_\_  
☐ L.C. File \_\_\_\_\_  
☐ Fictitious Name File \_\_\_\_\_  
☐ Trade/Service Mark \_\_\_\_\_  
☐ Merger File \_\_\_\_\_  
☐ Art. of Amend. File \_\_\_\_\_  
☐ RA Resignation \_\_\_\_\_  
☐ Dissolution / Withdrawal \_\_\_\_\_  
☐ Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy \_\_\_\_\_  
☐ Photo Copy \_\_\_\_\_  
☐ Certificate of Good Standing \_\_\_\_\_  
☐ Certificate of Status \_\_\_\_\_  
☐ Certificate of Fictitious Name \_\_\_\_\_  
☐ Corp Record Search \_\_\_\_\_  
☐ Officer Search \_\_\_\_\_  
☐ Fictitious Search \_\_\_\_\_  
☐ Fictitious Owner Search \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ UCC 1 or 3 File \_\_\_\_\_  
☐ UCC 11 Search \_\_\_\_\_  
☐ UCC 11 Retrieval \_\_\_\_\_  
☐ Courier \_\_\_\_\_

**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:

NATIONWIDE BUSINESS CONSULTANTS OF  
SOUTH FLORIDA, INC**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1015 PENNSYLVANIA AVE. SUITE 30  
MIAMI BEACH, FL 33139**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS PURPOSES

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MILTON C. FRANKLIN

1015 PENNSYLVANIA AVE. SUITE 30  
MIAMI BEACH, FL 33139

CHIEF EXECUTIVE OFFICER

PRESIDENT

SECRETARY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

MILTON C. FRANKLIN  
1015 PENNSYLVANIA AVE SUITE 30  
MIAMI BEACH FL 33139

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

MILTON C. FRANKLIN  
1015 PENNSYLVANIA AVE SUITE 30  
MIAMI BEACH, FL 33139

\*\*\*\*\*  
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 Agent09-18-2008  
Date  
\_\_\_\_\_  
Signature/Incorporator09-18-2008  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA