

P08000099810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

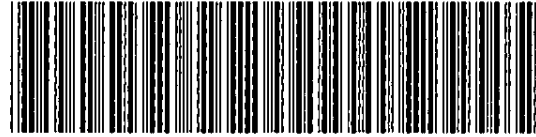
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED

08 NOV - 7 PM 4:44

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 NOV - 7 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CFB Consulting Corporation
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Donald Christoff
Name (Printed or typed)

1657 Anna Catherine Dr.
Address

Orlando, FL 32828
City, State & Zip

Daytime Telephone number

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CFB Consulting Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1657 ANNA CATHERINE DR
ORLANDO, FL 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President - Sherri Christoff
1657 Anna Catherine Dr
Orlando, Fl. 32828

President - Donald Christoff II
1657 Anna Catherine Dr
Orlando, Fl. 32828

ARTICLE VI REGISTERED AGENT

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

Donald Christoff II
1657 Anna Catherine Dr.
Orlando, Fl. 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

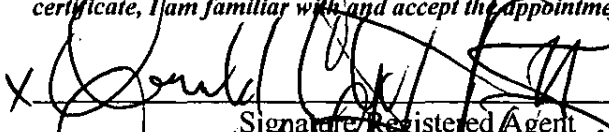
Donald Christoff II
1657 Anna Catherine Dr.
Orlando, Fl. 32828

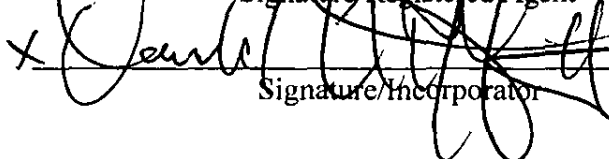
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

X  _____
Signature/Registered Agent

X  _____
Signature/Incorporator

11/7/08
Date

11/7/08
Date