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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

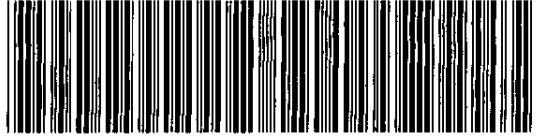
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 2/4

COVER LETTER

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

SUBJECT: Compleat Consulting Group, 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: Richard T. Wall

Name (Printed or typed)

240 S. E. 23rd Avenue

Address

Boynton Beach, FL 33435

City, State & Zip

561-736-8290

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:

Compleat Consulting Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

240 S. E. 23rd Avenue, Boynton Beach, FL 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate and Mortgage Consulting Services, Seminar Production

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):

Coleman, Claudia A. PTD, 1312 Coastal Bay Blvd., Boynton Beach, FL 33435

Morton, Suzanne E. VPD, 500 Chapel Hill Blvd., Boynton Beach, FL 33435

ARTICLE VI REGISTERED AGENT

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

Wall, Richard T., 240 S. E. 23rd Avenue, Boynton Beach, FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wall, Richard T., 240 S. E. 23rd Avenue, Boynton Beach, FL 33435

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

1/27/2009

Date



Signature/Incorporator

1/27/2009

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA