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COVER LETTER

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

SUBJECT:	CONI Consular, Inc.				
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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 CO	PPY REQUIRED		
FROM:	Howard C	happell, Esquire			
	Name	(Printed or typed)			
	1522 Beechwood Trail				
	Address				
	Fort Myers, FL 33919				
		State & Zip			
	(239)	337-9875			
	Daytime Telephone number				
		comcast.net			
	E-mail address: (to be used	t for future annual report i	notification)		

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:

CONI Consular, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 13700 Six Mile Cypress Pkwy Ste 2 Fort Myers, FL 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is:

1.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Howard Chappell 1522 Beechwood Trail Fort Myers, FL 33919

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Howard Chappell 1522 Beechwood Trail Fort Myers, FL 33919

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

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