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(Requestor's Name)

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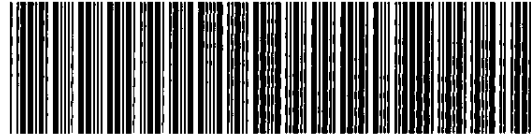
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 OCT -5 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16th Nov OCT 06 2010

## COVER LETTER

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

**SUBJECT:** CONCEPT TO ACTION, 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      ☐ \$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: MICHAEL A. SCHAFER

Name (Printed or typed)

P.O. BOX 300366

Address

FERN PARK, FL 32730-0366

City, State & Zip

407.831.2800

Daytime Telephone number

PRINTGUY72@YAHOO.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

CONCEPT TO ACTION, INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

498 PALM SPRINGS DRIVE, SUITE 100  
ALTAMONTE SPRINGS, FL 32701

### **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:

100

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

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

MICHAEL A. SCHAFFER  
PRESIDENT  
498 PALM SPRINGS DR.,  
SUITE 100, ALTAMONTE  
SPRING, FL 32701

### **ARTICLE VI REGISTERED AGENT**

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

MICHAEL A. SCHAFFER  
498 PALM SPRINGS DR., STE. 100  
ALTAMONTE, SPRINGS, FL 32701

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MICHAEL A. SCHAFFER  
498 PALM SPRINGS DR., STE. 100  
ALTAMONTE, SPRINGS, FL 32701

\*\*\*\*\*

*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

09/16/2010

\_\_\_\_\_  
Date

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

09/16/2010

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA