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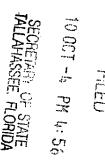
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

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

SUBJECT: Strategic Advisory Par (PROPOSED CORPORA	tners, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: Mark Lindblom	e (Printed or typed)	
2007 Ribbon Falls Pkwy		
	Address	
Orlando Florida 32824 City,	State & Zip	
407-491-4278 Daytime T	elephone number	
mlindblom@bellsouth.ne E-mail address: (to be use	t d for future annual report	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 II	PRINCIPAL OFFICE	N. 11 10 100 11		
Principal street address		Mailing address, if different is:		
	007 Ribbon Falls Pkwy Orlando Florida 32824	same		
<u>-</u>	Mando i Mida W2024	301110		
ARTICLE III	PIIPPOSE .			
	hich the corporation is organized is:			
Business adv	risory			
ARTICLE IV				
The number of shar	res of stock is: 2000			
	INITIAL OFFICERS AND/OR DIRECTOR			
	tle: David Mark Lindblom, Principle		arita.	
Address:	2007 Ribbon Falls Pkwy	Address:	7 :6 5	
	Orlando Florida 32824		- ∑Ŝ 8	
		-	Proces .	
Name and Ti	tle: Christopher Vernon Shirley, Principl	Name and Title:	TAÑ ASS	1
Address:	124 South Beach Street	Address:	iii .	1
	Ormond Beach Florida 32174		13 P	C1
			OR A	
	tle:	Name and Title:	—— <u>≽</u> ₁⊓	
Address:		Address:		
	REGISTERED AGENT	•		
	rida street address (P.O. Box NOT acceptable) o	of the registered agent is:		
Name:	David Mark Lindblom	_		
Address:	2007 Ribbon Falls Pkwy	_		
	Orlando Florida 32824			
ARTICLE VII	INCORPORATOR			
	Iress of the Incorporator is:			
Name:	David Mark Lindblom			
Address:	2007 Ribbon Falls Pkwy	<u> </u>		
	Orlando Florida 32824	_		
		C 4b b	adian ad dha alaaa dasian	atad in
Taving been name	ed as registered agent to accept service of proces in familigr with and accept the appointinent as ref	is for the above stated corport	uuon ui ine piuce uesign Lin this canacity	aieu in
nis cerujicaie, 1 un	n jununur wan ana accept the appointment as reg	gisterea agent ana agree to act	in inis cupacity	
MILIE	Market Wille Day	a Min Ol (. Il-lana	10/1/2010	
Davy		10 MARK LINdblom		
	Required Signature/Registered Agent		Date	•
	ment and affirm that the facts stated herein are	e true. I am aware that the fa	ulse information submitt	ed in a
' submit this docu				
	epartment of State constitutes a third degree felor			