

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

<b>Emaıl</b>	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION Francisco Consulting Group, Inc.

Certificate of Status Certified Copy I Page Count 03 Estimated Charge \$78.75

https://efile.sunbiz.org/scripts/efilcovr.exe

## **COVER LETTER**

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

SUBJECT: Francisco Consulting Group, Inc.				
(PROPOSED CORPOR	RATE NAME - MUST INC	ADE SUFFIX)		
Enclosed are an original and one (1) copy of the a	rticles of incorporation and	d a check for:		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status		
	ADDITIONAL CO	OPY REQUIRED		
FROM; CT Corporation System	ne (Printed or typed)	·····		
1203 Governors Square Blvd., Suite 10	n			
	Address			
Tallahassee, FL 3230!	<u> </u>			
City, State & Zip				
850-222-1092				
Daytime	Telephone number			
hornandezjf@gtlww.com				
E-mail address: (to be us	ed 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)

11 JAH -4 PH 2:03

ARTICLE I	NAME corporation shall be: Francisco Consulting Group I	inc. SECRETARY OF ST
	cosponenci essi cos	TALLAHASSEE, FLO
ARTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
	8210 SW 189 Terrace	8210 SW 189 Terrace
	Cuttor Bay, FL 33157	Cutler Bay, FL 33157
ARTICLE III	PURPOSE	
	which the corporation is organized is:	
To engage in m	ny lawful act or activity.	
ARTICLE IV	SHAPES	
		es with a par value of One Dollar (\$1,00) per share.
		_
	INITIAL OFFICERS AND/OR DIRECTOR Title-lose F. Hernandez, Director	Name and Title:
Address:	8210 SW 189 Torrace	Address:
(1015-512)	Cutter Bay, PL 33157	
Name and	l'itle:	Name and Title:
Address:		Address:
12441033		
Manu and	Filler	Name and Title:
Address:	) HILU:	Address:
Latiti pagi		
ARTICLE VI	REGISTERED AGENT	
he name and F	lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	C T Corporation System	
Address:	1200 South Pine Island Road	
	Plantation, Florida 33324.	_
RTICLE VII	INCORPORATOR	
	idress of the incorporator is:	
Name:	Jose F. Hernandez	
Address:	8210 SW 189 Terrace	_
	Cutter Bay, FL 33157	<del>-</del>
Having been nan	ned as revistered apont as accept service of proces	s for the above stated corporation at the place designated in
his demificate, I d	um fumiliar with and incopt the appointment as reg CT Corporation System	istered agent and agree to act in this capacity
a. I man	Jahren Jahre	Madonna Cuddihy । १५।।
	Required Signaturo/Registered Ago De	cial Assistant Secretary Date
submit this doc	\ \ \	true. I am aware that the fulse information submitted in a
	Department of State Constitutes Tithird despe felon	
ocument to the L		
ocument to the L		<i>f f</i>
ocument to the L	Roquired Signature/Incorporator	1/3/2011