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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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

Email Address: _____

RECEIVED
11 MAR 21 PM 4:25
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

Continental Concepts Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Corporate Filing Menu

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MR 3/22

MAR. 21. 2011 2:03PM

CAPITAL CONNECTION

NO. 4579 P. 2

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: Continental Concepts Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

12816 Lake Vista Dr
Gibson ton Florida 33534

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consultation

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dorian Winemiller Pres

Address: 12816 Lake Vista Dr
Gibson ton Florida 33534

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Dorian Wine Miller

Address: 12816 Lake Vista Dr
Gibson ton Florida 33534

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Dorian Winemiller

Address: 12816 Lake Vista Dr
Gibson ton Florida 33534

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

Dorian Winemiller

Required Signature/Registered Agent

3-21-11

Date

I submit this documents and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dorian Winemiller

Required Signature/Incorporator

3-21-11

Date

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