

P11000034319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

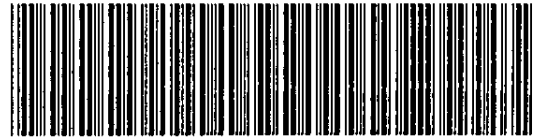
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400195670294

04/06/11--01011--001 **78.75

FILED
11 APR -6 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 04/07/11

COVER LETTER

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

SUBJECT: Cyntek ProAdvisor Corporation
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Cynthia McMullen, Cyntek ProAdvisor Corporation
Name (Printed or typed)

PO Box 2511
Address

Stuart, FL 34995
City, State & Zip

772-260-8058
Daytime Telephone number

info@cyntek.biz
E-mail address: (to be used 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 I. NAME Cyntek ProAdvisor Corporation
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2640 SE Normand St.
Stuart, FL 34997

Mailing address, if different is:
PO Box 2511
Stuart, FL 34995

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business.

FILED
11 APR - 6 PM 1: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cynthia McMullen President
Address: PO Box 2511
Stuart, FL 34995

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: Cynthia McMullen
Address: 2640 SE Normand St.
Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cynthia McMullen
Address: PO Box 2511
Stuart, FL 349495

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

Cynthia McMullen
Required Signature/Registered Agent

04/01/2011
Date

I submit this document 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.

Cynthia McMullen
Required Signature/Incorporator

04/01/2011
Date