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COVER LETTER

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

SUBJECT: SOUTHERN FLAI	RE CONSULTING, INC.	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate Of Status ADDITIONAL COPY REQUIRED	
FROM: MICHEUR PROVINE-STERNER Name (Printed or typed)		
617 GLENVIEW DUVE Address		
WINTER GARDEN FL 34787 City, State & Zip		
702-339-2261 Daytime Telephone number		
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)

The name of the corporation shall be: SOUTHERN FLAME CONSULTING, INC.		
Principal office Principal street address OFFICE OFFICE Principal street address OFFICE OFFICE	Mailing address, if different is:	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: OFFICE MANAGEMENT	/MARKETING/CONSULTING	
ARTICLE IV SHARES The number of shares of stock is: 00		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MICHELLE PROVINE-STERNER Nam Address: PRISI DINT Add ON CLINIEN DRUE UNITER OPPLOYN FL 34787	e and Title: MICHELLE PROVING-STERNER TOP DURER 617 PLEN VIEW DAVE WINTER GARDEN FLZ4787	
7	ne and Title:	
Name and Title MILKLUZ PROVINE - STEKNER Name Address: SECRETALY Address: LIT GLENVIEW DRYK WINTER GAMDEN TO 34787		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the reg Name: Address: MICHELLE PROVING - STERNER WINTER BALTER TO 34787	1 20 SAN	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is name: Name: Address: (017 GENVIEW DAVE INTER GALDEN RE 34787	PH 2: 17 PH 2: 17	
Having been named as registered agent to accept service of process for the this certificate, I am familiar with and accept the appointment as registered Required Signature/Registered Agent	e above stated corporation at the place designated in agent and agree to act in this capacity 5/6/// Date	
I submit this document and affirm that the facts stated herein are true. I document to the Department of State constitutes a Third degree felony as pro-	am aware that the false information submitted in a vided for in s.817.155, F.S.	
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