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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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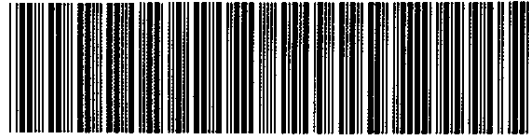
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
7/25

## COVER LETTER

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

SUBJECT: REAGAN CONSULTING, INC.

(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

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: REAGAN CONSULTING, INC.

Name (Printed or typed)

3970 OAKS CLUBHOUSE DRIVE # 507

Address

POMPANO BEACH, FL 33069

City, State & Zip

954-415-3558

Daytime Telephone number

TONY@BONITATIBUS.COM

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** REAGAN CONSULTING, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3970 OAKS CLUBHOUSE DR # 507  
POMPANO BEACH, FL 33069

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
PROFIT

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (ONE HUNDRED)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KELLY BROWNING  
Address: 3970 OAKS CLUBHOUSE DR # 507  
POMPANO BEACH, FL 33069

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: KELLY BROWNING  
Address: 3970 OAKS CLUBHOUSE DR # 507  
POMPANO BEACH, FL 33069

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KELLY BROWNING  
Address: 3970 OAKS CLUBHOUSE DR # 507  
POMPANO BEACH, FL 33069

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 further with and accept the appointment as registered agent and agree to act in this capacity

[Signature]  
Required Signature/Registered Agent

7/7/11  
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.

[Signature]  
Required Signature/Incorporator

7/7/11  
Date

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11 JUL 22 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA