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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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
i4R Corporation

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FL 32399
AUG 16 AM 9:25
FILED

J. Shivers AUG 17 2011

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: 14R Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
1000 Legion Place, Suite 701
Orlando FL 32801

Mailing address, if different is:
Same _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose allowed in the State of Florida. Corporation will own a franchise.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gail Bohannon- Owner/CEO
Address: 1000 Legion Place, Suite 701
Orlando FL 32801

Name and Title: Clinton Wade- Vice President/COO
Address: 1000 Legion Place, Suite 701
Orlando FL 32801

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Gail Bohannon
Address: 1000 Legion Place, Suite 701
Orlando FL 32801

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

By:

Connie Bryan
Assistant Secretary

Required Signature/Registered Agent

8/15/11

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.

Gail Bohannon
Required Signature/Incorporator

8/12/11

Date

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TALLAHASSEE, FL 32399