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CA L CO CTION

NO. 6780

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H11000209051 3)))



H110002090513ABCT

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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

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FLORIDA PROFIT/NON PROFIT CORPORATION  
FLORIDA MOVING & STORAGE CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

Help

8/24/11

**COVER LETTER**

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

**SUBJECT: CENTRAL FLORIDA MOVING SYSTEMS, 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: Jamie Black**

Name (Printed or typed)

**13750 W. Colonial Dr Suite 350-344**

Address

**Winter Garden, FL 34787**

City, State & Zip

**407-879-0723**

Daytime Telephone number

**CentralFloridaMovingSystems@gmail.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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DIVISION OF CORPORATIONS  
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AUG. 23. 2011 11:30AM

CAPITAL CONNECTION

NO. 6780 P. 2



August 23, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

YOUR CAPITAL CONNECTION, INC

SUBJECT: FLORIDA MOVING & STORAGE CORP  
REF: W11000043808

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P07000103269 (FLORIDA MOVING & STORAGE, INC).

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000209051  
Letter Number: 611A00019672

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DIVISION OF CORPORATIONS  
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P.O BOX 6327 - Tallahassee, Florida 32314

AUG. 23. 2011 11:30AM

CAPITAL CONNECTION

NO. 6780 P. 4

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DIVISION OF CORPORATIONS

2011 AUG 23 AM 10:59

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

**CENTRAL FLORIDA MOVING SYSTEMS, INC.**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

13760 W. Colonial Rd

Suite #350-344

Winter Garden, FL 34787

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Household Goods Moving  
Services**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **Jamie Black CH**

Address: **14374 Crowberry Ct  
Wellington, FL 33414**

Name and Title: **James Fischer VP**

Address: **13760 W. Colonial Rd  
Suite 350-344  
Winter Garden, FL 34787**

Name and Title: **Diane Yeater Stephens Pres**

Address: **13750 W. Colonial Rd  
Suite 350-344  
Winter Garden, FL 34787**

Name and Title:

Address:

Name and Title: **James C. Stephens**

Address: **13750 W. Colonial Rd  
Suite 350-344  
Winter Garden, FL 34787**

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: **Jamie Black**

Address: **14374 Crowberry Ct  
Wellington, FL 33414**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Jamie Black**

Address: **14374 Crowberry Ct  
Wellington, FL 33414**

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

Required Signature/Registered Agent

08/23/2011

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.

Required Signature/Incorporator

08/23/2011

Date