

PH 000109218

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 29 PM 8:30

APPROVED
FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
COMPREHENSIVE PLANNING ADVANTAGE, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$78.75 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of this corporation shall be:
Comprehensive Planning Advantage, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street and mailing address is:
2630 NE 203rd Street, Ste 104, Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which this corporation is organized is:
ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares is:
1,000

ARTICLE V INITIAL OFFICERS AND DIRECTORS

Name and title: MIGUEL KARPEL, PRESIDENT
Address: 2630 NE 203rd Street, Ste 104, Aventura, FL 33180

Name and title: ROBERT ROSEN, SECRETARY
Address: 2630 NE 203rd Street, Ste 104, Aventura, FL 33180

Name and title: MARK GERSTLE, TREASURER
Address: 2630 NE 203rd Street, Ste 104, Aventura, FL 33180

Name and title: BRIAN GOLDENBERG, VICE-PRESIDENT
Address: 2630 NE 203rd Street, Ste 104, Aventura, FL 33180

ARTICLE VI REGISTERED AGENT

The name and address of the registered agent is:
Name: MARK GERSTLE
Address: 2630 NE 203rd Street, Ste 104, Aventura, FL 33180

ARTICLE VII REGISTERED AGENT

The name and address of the incorporator is:
Name: MIGUEL KARPEL
Address: 2630 NE 203rd Street, Ste 104, Aventura, FL 33180

Having been named as agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar and accept the appointment as registered agent and agree to act in this capacity.



Require: signature/Registered Agent

Date

I admit 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.



Require: signature/incorporator

12/29/11

Dated

H11000304454