

P 11000109265

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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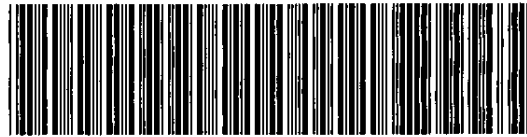
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 DEC 30 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: CENTRAL FLORIDA BUSINESS ADVISORS, 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: CARROLL M. WYLER
Name (Printed or typed)

1217 WAVERLY WAY
Address

LONGWOOD, FL 32750
City, State & Zip

407-506-3555
Daytime Telephone number

WYLER 22 @ AOL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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

The name of the corporation shall be: CENTRAL FLORIDA BUSINESS ADVISORS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3580 ALOMA AVE.
SUITE #4
WINTER PARK, FL 32792

Mailing address, if different is:
3580 ALOMA AVE
SUITE #4
WINTER PARK, FL 32792

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATING A REAL ESTATE, BUSINESS BROKER AND
CONSULTING BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATHLEEN M. WYLER
Address: 1217 WAVERLY WAY
LONGWOOD, FL 32750
PRESIDENT

Name and Title: _____
Address: _____

Name and Title: RAY BAKSH - TREASURER
Address: 1190 S. US HWY 17-92
LONGWOOD, FL 32750

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: KATHLEEN M. WYLER
Address: 1217 WAVERLY WAY
LONGWOOD, FL 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARROLL M. WYLER
Address: 1217 WAVERLY WAY
LONGWOOD, FL 32750

ARTICLE VIII → PLEASE MAKE EFFECTIVE DATE JANUARY 1, 2012
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

KATHLEEN WYLER Required Signature/Registered Agent
KATHLEEN WYLER

12/28/11
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.

Carroll M. Wyler Required Signature/Incorporator
CARROLL M. WYLER

12/28/11
Date

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