

P12000031585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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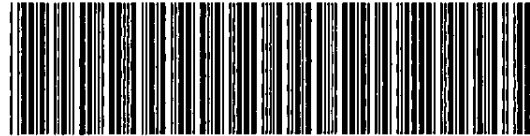
(Business Entity Name)

(Document Number)

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

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FILED  
2012 APR -2 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 03 2012

COVER LETTER

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

SUBJECT: CONSULTS 4 LESS, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

★ → IF POSSIBLE, EFFECTIVE DATE APRIL 1, 2012

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: Robert H. SABEL

Name (Printed or typed)

907 6th St. NW

Address

WINTER HAVEN, FL 33881

City, State & Zip

863-409-3460

Daytime Telephone number

RobertHsabel@msn.com

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

SECRETARY OF STATE  
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: CONSULTS 4 LESS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
907 6th St. NW  
WINTER HAVEN, FL  
33881

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 10 (TEN)

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

Name and Title: ROBERT H. SABEL, PRES.  
Address: 907 6th St. NW  
WINTER HAVEN, FL  
33881

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: ROBERT H. SABEL  
Address: 907 6th St. NW  
WINTER HAVEN, FL 33881

Effective Date:  
April 1, 2012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBERT H. SABEL  
Address: 907 6th St. NW  
WINTER HAVEN, FL 33881

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

29 MAR. 2012  
\_\_\_\_\_  
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

29 MAR. 2012  
\_\_\_\_\_  
Date

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