## 213000007946

(Req	uestor's Name)	
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W13.25,2



January 15, 2013

MILO RAPHAEL 3067 LEFLORE LANE ORLANDO, FL 32833

SUBJECT: CENTRAL FLORIDA BEST FINANCIAL GROUP, INC.

Ref. Number: W13000002912

We have received your document for CENTRAL FLORIDA BEST FINANCIAL GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

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Letter Number: 613A00001077

## **COVER LETTER**

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

P. O. Box 6327 Tallahassee, FL 3	32314		
SUBJECT: CE	entral Florida Best (PROPOSED CORPORA		
Enclosed are an o	riginal and one (1) copy of the arti	cles of incorporation and	i a check for:
□ \$70.00 Filing Fee	• • •	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Milo Raphael		
-		(Printed or typed)	
	3067 Leflore Lane		
<u></u>	A	Address	
	Orlando, Florida 32	2833	
<del></del>	City,	State & Zip	
4	407-731-1533		

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

Daytime Telephone number

miloraphael@netzero.com

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

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

067 Leflore	Principal street address	Mailing add	ress, if different is:
rlando, Flor		<del> </del>	
	POSE the corporation is organized is: To provople no matter their ethnic groups		
e number of shares o	TIAL OFFICERS AND/OR DIRECTOR  e: Milo Raphael/ Director  3067 Leflore Lane	RS Name and Title: Address:	Ja Jan Seche
e number of shares o  RTICLE V INI  Name and Titl  Address	f stock is:	Name and Title:  Address:  Name and Title:	JAN 23 AH II: Cheiaiy of Sti Librassee elor

Name a	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI	<u>REGISTERED AGENT</u> Porida street address (P.O. Box NOT acceptable) o	f the revistered agent is:
Name:	Milo Raphael	i de registado agantis.
Address:	3067 Leflore Lane	-
	Orlando, Florida 32833	<del>-</del> -
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	address of the Incorporator is:	
Name:	Milo Raphael	_
Address:	3067 Leflore Lane	· -
	Orlando, Florida 32833	_
Having been na this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as re	\ /
	Maffraesel	01/08/2013
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.  01/08/2013\(\frac{1}{2}\)
	Required Signature Incorporates	Date 33