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(Business Entity Name)

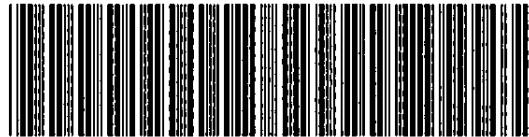
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COVER LETTER

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

SUBJECT: BUSINESS-FINANCIAL REENGINEERING, 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: DR. FRANCIS IKEOKWU, SR.
Name (Printed or typed)

13589 ASHFORD WOOD CT, W.
Address

JACKSONVILLE, FL 32218
City, State & Zip

(904) 254-9343
Daytime Telephone number

fikeokwu@ewc.edu
E-mail address: (to be used for future annual report notification)

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: BUSINESS-FINANCIAL REENGINEERING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13589 ASHFORD WOOD CT, W.
JACKSONVILLE, FLORIDA
32218

Mailing address, if different is:

P.O. BOX 43092
JACKSONVILLE
FLORIDA, 32203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE BUSINESS AND FINANCIAL
CONSULTING SERVICES IN AREAS COVERING -- FINANCIAL
MANAGEMENT AND PLANNING; ACCOUNTING AND BOOKKEEPING;
SALES & USE TAX, CORPORATE TAXES; BUSINESS START-UP;
AND FINANCIAL STATEMENT ANALYSIS/EVALUATION.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. FRANCIS IKEOKWU, DR. Name and Title: PRESIDENT

Address 13589 ASHFORD
WOOD CT, W.
JACKSONVILLE, FL 32218

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(cont)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DR. FRANCIS IKEOKWU, SR.
Address: 13589 ASHFORD WOOD CT, W.
JACKSONVILLE, FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DR. FRANCIS IKEOKWU, SR.
Address: 13589 ASHFORD WOOD CT, W.
JACKSONVILLE, FL 32218

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

[Signature]
Required Signature/Registered Agent

1/28/14
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.

[Signature]
Required Signature/Incorporator

1/28/14
Date

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