

P14000034405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

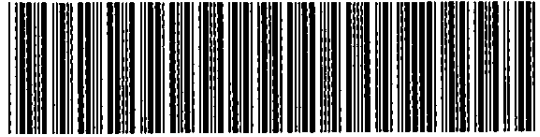
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Certificates of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

41714

COVER LETTER

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

SUBJECT: AMERICA'S FRANCHISE CONSULTANTS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Dennis Sabia**
Name (Printed or typed)
236 Shadow Bay Blvd
Address
Longwood, FL. 32779
City, State & Zip
407 774-5180
Daytime Telephone number
dgsabia@gmail.com
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:

America's Franchise Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

236 S. Shadow Bay Blvd

Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To consult with individuals on the

merits of various franchises offered and assist them in finding the one

that best meets their needs.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Dennis Sabia - Pres

Name and Title:

Nancy Luttinger - Sec/Trea

Address

236 S. Shadow Bay Blvd

Address:

7322 WESTER WAY

Longwood, FL 32779

Dallas, TX 75248

Name and Title:

Pam Sabia - Director

Name and Title:

Address

236 S. Shadow Bay Blvd

Address:

Longwood, FL 32779

Name and Title:

Name and Title:

Address

Address:

(conti.)

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: Dennis Sabia
Address: 236 S. Shadow Bay Blvd.
Longwood, FL 32779

ARTICLE VII INCORPORATOR

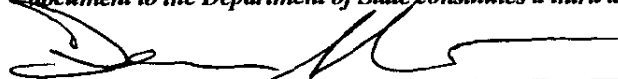
The name and address of the Incorporator is:

Name: Dennis Sabia
Address: 236 S. Shadow Bay Blvd.
Longwood, FL 32779

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

 _____	<u>4/15/14</u> _____
Required Signature/Registered Agent	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.

 _____	<u>4/15/14</u> _____
Required Signature/Incorporator	Date