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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
INTEGRATED STRATEGIC PLANNING CONSULTANTS AND ASSOCI

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$78.75

12/24/14

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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: INTEGRATED STRATEGIC PLANNING CONSULTANTS and ASSOCIATES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1201 FERN AVENUE
ORLANDO, FL 32814

Mailing address, if different is:
1201 FERN AVENUE
ORLANDO, FL 32814

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

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ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WINSLADE BOWEN, PRES.
Address: 1201 FERN AVENUE
ORLANDO, FL 32814

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(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: WINSLADE BOWEN

Address: 1201 FERN AVENUE

ORLANDO, FL 32814

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WINSLADE BOWEN

Address: 1201 FERN AVENUE

ORLANDO, FL 32814

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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

X _____ 12/17/14
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.

X _____ 12/17/14
Required Signature/Incorporator Date