

P15000072352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

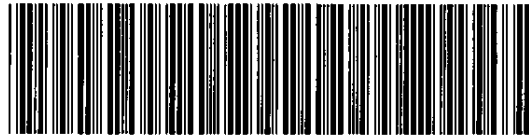
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100276710631

09/03/15--01001--019 **233.75

RECEIVED
2015 SEP -2 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2015 SEP -2 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/3/15

SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724

COVER LETTER

DATE: 9-2-15

WALK IN

ENTITY
NAME: Client First Strategy, Inc.

PLEASE FILE THE ATTACHED AND RETURN:

☒ PLAIN COPY
☐ CERTIFIED COPY

CHECK # 1908
AMOUNT: 78.75

PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER
INFORMATION ON THIS MATTER!

THANK YOU SO MUCH!

TINA GOFF, PRESIDENT
SUNSHINE CORPORATE & FILING SERVICES, INC.

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: ClientFirst Strategy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10861 Bal Harbor Drive

Boca Raton, Fl 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in any lawful act or activity or which corporations may be organized

under the corporation laws of the State of Florida.

ARTICLE IV SHARES

200

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mitchell O. Goldberg, President

Name and Title: _____

Address 10861 Bal Harbor Drive

Address: _____

Boca Raton, Fl 33498

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2016 SEP -2 PM 2:36
SECRETARY OF STATE
FLORIDA

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: Mitchell O. Goldberg
Address: 10861 Bal Harbor Drive
Boca Raton, Fl 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mitchell O. Goldberg
Address: 10861 Bal Harbor Drive
Boca Raton, Fl 33498

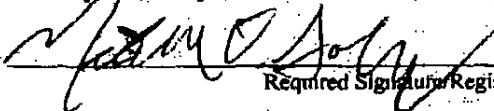
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/2/15
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

9/2/15
Date