

P16000008475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

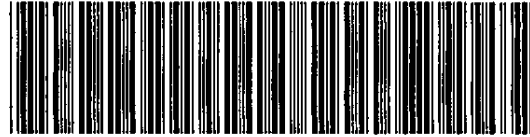
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500281063055

500281063055
01/19/16--01014--001 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 19 AM 8:10

APPROVED
AND
FILED

1/19

COVER LETTER

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

SUBJECT: Certified Capital & Consulting 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: David Faline
Name (Printed or typed)
923 Brookhaven Drive
Address
St Augustine Fl 32092
City, State & Zip
904 436 3453
Daytime Telephone number
davidfaline@gmail.com
E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

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

16 JAN 19 AM 8:10

ARTICLE I NAME

The name of the corporation shall be: Certified Capital & Consulting Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

923
Brookhaven Drive
St Augustine FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To consult on economic conditions in real estate, finances and company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>David Faline/President</u>	Name and Title:	_____
Address	<u>923 Brookhaven Drive</u>	Address:	_____
	<u>St Augustine FL 32092</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

APPROVED
AND
FILED

16 JAN 19 AM 8:10

Name and Title: _____	Name and Title: <u>SECRETARY OF STATE</u>
Address _____	Address: <u>TALLAHASSEE, FLORIDA</u>
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name:	<u>David Faline</u>
Address:	<u>923 Brookhaven Drive</u>
	<u>St Augustine FL 32092</u>

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

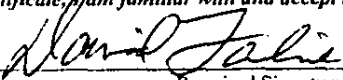
Name:	<u>David Faline</u>
Address:	<u>923 Brookhaven Drive</u>
	<u>St Augustine FL 32092</u>

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: 1/12/16 (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

<u></u>	<u>1/12/16</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></u>	<u>1/12/16</u>
Required Signature/Incorporator	Date