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3/15/14

COVER LETTER

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

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

13589 ASHFORD WOOD CT, W.
Address

JACKSONVILLE, FLORIDA 32218
City, State & Zip

(904) 254-9343
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR 14 PM 3:26

FILED

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

(Payment was previously sent)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
16 MAR 14 PM 2:35
DIVISION OF STATE
TALLAHASSEE, FLORIDA

February 25, 2016

DR. FRANCIS IKEOKWU, SR.
POST OFFICE BOX 43092
JACKSONVILLE, FL 32203

SUBJECT: BIZ-FINANCIAL CONSULTANTS, INC.
Ref. Number: W16000014121

We have received your document for BIZ-FINANCIAL CONSULTANTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 716A00003947

FILED
16 MAR 14 PM 3:26
DIVISION OF STATE
TALLAHASSEE, FLORIDA

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

FILED
16 MAR 16 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: BIZ-FINANCIAL CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13589 ASHFORD WOOD CT, W.
JACKSONVILLE, FLORIDA 32218

P.O. Box 43092
JACKSONVILLE, FL 32203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS AND FINANCIAL
CONSULTING, WHICH INCLUDE-- PROGRAM AND PROCESS
REENGINEERING, TAX CONSULTING, BUSINESS STARTUPS,
ENTREPRENEURSHIP COACHING, AND ACCOUNTING
SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. FRANCIS IKEDKWI, SR. Name and Title: PRESIDENT/CEO

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

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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 IKEDKWH, SR.
Address: 13589 ASHFORD WOOD CT, W.
JACKSONVILLE, FL 32218

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16 MAR 16 PM 3:26
DEPARTMENT OF STATE
JACKSONVILLE, FL 32204

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

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

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

[Signature]
Required Signature/Registered Agent

2/16/16
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

2/16/16
Date

DR. FRANCIS IKEDKWH, SR.