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Certified Copies	Certificates	of Status
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DEPARTMENT OF STATE

. C. GOLDEN MAR 2 2 2017





FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)364-8000

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ENTITY NAME:

CFO 911 INCORPORATED

CH# 7548 FOR \$87.50

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

((2)) CERTIFIED COPIES

____ STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

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

RTICLE I NAM The name of the corpo	CFO 911 Incorporated oration shall be:		Mailing address, if different is:		
RTICLE II PRI	NCIPAL OFFICE Principal street address	1			
8851 NE 29th Aver	nue, Suite 700				
Aventura, FL. 33180					
ARTICLE III PUR The purpose for which	POSE the corporation is organized is:				
	of stock is: TIAL OFFICERS AND/OR DIRECTORS Charles K. Darren H. Pessident	Name and Title:	Charles K. Dargan, Secretary		
Name and Title	18851 NE 29th Avenue	Address:	18851 NE 29th Avenue		
	Suite 700		Suite 700		
	Aventura, FL. 33180		Aventura, FL. 33180		
Name and T			al t v b v v b		
A THILLY WILL A	Charles K. Dargan II, Treasurer	Name and Title:	Charles K. Dargan II, Director		
Address	19951 NE 20th Avenue	Name and Title: Address:	18851 NE 29th Avenue		
	:ue:		· · · · · · · · · · · · · · · · · · ·		
	18851 NE 29th Avenue		18851 NE 29th Avenue		
Address	18851 NE 29th Avenue Suite 700	Address:	18851 NE 29th Avenue Suite 700 Aventura, FL. 33180		
Addr e ss	18851 NE 29th Avenue Suite 700 Aventura, FL. 33180	Address: Name and Title	18851 NE 29th Avenue Suite 700 Aventura, FL. 33180		

Name and	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	a) of the registered agent is:	
Name:	Charles K. Dargan II	, 02 2.10 10 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	ing Es
Address:	18851 NE 29th Avenue, Suite 700	_	
	Aventura, FL. 33180		ISS A L
ARTICLE VII	INCORPORATOR		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
The name and ad	dress of the Incorporator is:		5
Name:	Charles K. Dargan II)
Address:	18851 NE 29th Avenue, Suite 700		
	Aventura, FL. 33180	<u> </u>	
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and can	. (OPTIONAL) mot be more than five days pr	ior or 90 days after the
	inserted in this block does not meet the applica fective date on the Department of State's recon-		, this date will not be listed as
	ned as registered agent to accept service of pro- um familiar with and accept the appointment as		
Char	to K. Haa II		03/13/17
	Required Signature/Registered Agent		Date
I submit this document to the	ument and affirm that the facts stated herein o Department of State constitutes a third degree fo	are true. I am aware that the fa lony as provided for in s.817.15:	else information submitted in a 5, F.S.
Chalo K. Wara TI		-	03/13/17
Requi	red Signature/Incorporator		Date