PM060 060 243

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000183187 3)))

H17000183187 3ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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

C. E. R. Consulting Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

RECEIVED
17 JUL 13 PM 12:34
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu Corporate Filing Menu Help

D O'KEEFE

JUL 14 2017

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: C.E.R. CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
794 REGENCY RESERVE CIR, APT 1203	794 REGENCY RESERVE CIR, APT 1203
NAPLES, FL 34119	NAPLES, FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	CAROLYN E REED - PRESIDENT	Name and Title:	
Address	794 REGENCY RESERVE CIR,APT1203	Address:	
	NAPLES, FL 34119		
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: CAROLYN E REED

Address: 794 REGENCY RESERVE CIR, APT 1203

NAPLES, FL 34119

ARTICLE VII INCORPORATOR

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

Name: CAROLYN E REED

Address: 794 REGENCY RESERVE CIR, APT 1203

NAPLES, FL 34119

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 days prior or 90 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

Carolyn E. Reed — Required Signature/Registered Agent — 07/12/2017 — 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.

Carolyn E Reed — Required Signature/Incorporator — 07/12/2017 — Date