

P22000039892
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 C. FLETCHER STRATEGIC CONSULTING INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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 2022 MAY 23 PM 2:21
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25

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. Fletcher Strategic Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11036 NW 62 CT

Parkland, FL. 33076

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Fletcher, Pres, Sec, Treas.

Address: 11036 NW 62 CT
Parkland, FL. 33076

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____
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ARTICLE VI REGISTERED AGENT

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

Name: Christopher Fletcher
 Address: 11036 NW 62 CT
Parkland, FL 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher Fletcher
 Address: 11036 NW 62 CT
Parkland, FL 33076

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

x [Signature]
 Required Signature/Registered Agent

x 5/20/2022
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the falsification of information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x [Signature]
 Required Signature/Incorporator

x 5/20/2022
 Date

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 CALLAHAN COUNTY, FL