Department of State **Division of Corporations** P. O. Box 6327 Tallahassee FI 32314

rananassee, r	L 32314								
SUBJECT:									
		(Proposed corporate name - must include suffix)							
		4000021407149 -04/11/9701089005 *****78.75 *****78.75							
Enclosed is an	original a	and one(1) copy of the articl	les of incorporation and a	check for .					
\$70.00 Filing Fee		\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate					
			ADDITIONAL COPY REQUIRED						
FROM	I: <u>Walt</u>	er Todd Guy Name (Printe	ed or typed)						
		allace Ave Suite 380 Addi)	97 APR 14 P					

189,624,611

NOTE: Please provide the original and one copy of the articles. 7099 - 7824

City, State & Zip

Daytime Telephone number

(941) 355-2472

. B. REGIO



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 3, 1997

WALTER TODD GUY 100 WALLACE AVE SUITE 380 SARASOTA, FL 34237

SUBJECT: CAPITAL FINANCIAL ADVISORS INC.

Ref. Number: W97000007824

We have received your document for CAPITAL FINANCIAL ADVISORS INC. and check(s) totaling \$78.75. However, your check(s) and document are being returned for the following:

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The document must include original signatures.

Please return 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 (904) 487-6919.

Letter Number: 197A00016925

Beth Register Corporate Specialist Supervisor

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Capital Financial Advisors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Walter Todd Guy 100 Wallace Ave. Suite 380 Sarasota, FL 34237

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Walter Todd Guy 100 Wallace Ave. Suite 380 Sarasota, FL 34237



ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

President Walter Todd Guy 2303 Goldenrod St. Sarasota, FL 34239

Vice-President Malinda M. Guy 2303 Goldenrod St. Sarasota, FL 34239

Treasurer Walter Todd Guy 2303 Goldenrod St. Sarasota, FL 34239

Secretary Malinda M. Guy 2303 Goldenrod St. Sarasota, FL 34239

The undersigned incor	porator(s)	has (have) ex	ecuted these	es Articles of	Incorporation this
day of	0C1	_, 19 <u>4 1 </u>	_ '		
(An additional article i	nuet he ad	dad if an effe	tive date is	requested)	
(An additional at ticle i	nusi de au			requesteur	
	,	1/	1/,		
	/. 1	// /			

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATURES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: Capital Financial Advisors, Inc.
- 2. The name and address of the registered agent and office is:

Walter Todd Guy 100 Wallace Ave. Suite 380 Sarasota, FL 34237



Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

DATE