

P97000047218

TRANSMITTAL LETTER

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

FILED
97 MAY 27 AM 11:13
TALLAHASSEE, FLORIDA

SUBJECT: Central Florida Support Services, Inc.
(Proposed corporate name - must include suffix)

600002191296--3
-05/27/97--01058--018
*****70.00 *****70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Armentres Kim Weaver-Bey
Name (printed or typed)

1836 N. Crystal Lake Dr., #9
Address

Lakeland, FL 33801
City, State & Zip

(941) 667-1924
Daytime Telephone number

P. O. BOX 6327

MAY 29 1997

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

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:

Central Florida Support Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**1836 N. Crystal Lake Dr., #9
Lakeland, FL 33801**

ARTICLE III SHARES

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

10,000 Shares Authorized

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Armentres Kim Weaver-Bey
1836 N. Crystal Lake Dr., #9
Lakeland, FL 33801**

FILING FEE: \$70.00

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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):

**Armentres Kim Weaver-Bey - President, Secretary, Vice President & Treasurer
1836 N. Crystal Lake Dr., #9
Lakeland, FL 33801**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21st day of May, 1997.

Armentres Kim Weaver-Bey
Signature

Signature

Signature

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 STATUTES, 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: **Central Florida Support Services, Inc.**

2. The name and address of the registered agent and office is:

Armentres Kim Weaver-Bey

(NAME)

1836 N. Crystal Lake Dr., #9

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lakeland, FL 33801

(CITY/STATE/ZIP)

Having been named as the registered agent and to accept service of the 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.

Armentres Kim Weaver-Bey
(SIGNATURE)

5/21/97
(DATE)

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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314