

P98000024967

Transmittal Letter

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

600002457696--3
-03/16/98--01027--007
*****78.75 *****78.75

Subject:

Customer Focused Strategies, Inc.

(Proposed corporate name -- must include suffix)

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: Connie P. Clark

824 NE 10 Avenue

Pompano Bch, Florida 33060

954-946-7199

98 MAR 16 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

9N317-98

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Customer Focused Strategies, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**824 NE 10 Avenue
Pompano Bch, Florida 33060**

ARTICLE III SHARES

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

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**Connie P. Clark
824 NE 10 Avenue
Pompano Bch, Florida 33060**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

**Connie P. Clark
824 NE 10 Avenue
Pompano Bch, Florida 33060**

Connie P. Clark
Signature/Incorporator

3-13-98
Date

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.

Connie P. Clark
Signature/Registered Agent

3-13-98
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA