## P98000039020

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

SUBJECT:	COORDINATED (Proposed corpor	PLANNING,	INC.		
(Proposed corporate name - must include suffix)					
				18—- 07021 ****78.	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :					
\$70.00 Filing Fee		□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: Robert R. Way Name (Printed or typed)					
35351 Ranchette Blud					
Webster, FL 33597 FR 28					
	813 - 78 Daytime To	60-9384 elephone number	AM 8: 25 OF STATE OF LORIDA		

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

## 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: COORDINATED PLANNING, INC.

## ARTICLE II PRINCIPAL OFFICE

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

37820 S.R. 54 WEST ZEPHYRHILLS, FL 33541

## 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 ADDRI	<u> </u>
The name and Florida street address of the initial registered agent are:	28 88 88
Robert R. WAY _ ,	98 APR
35351 RANCHETTE Blvd.	70
Webster, FL 33597	28 28 28 28
ARTICLE V INCORPORATOR	E OF R
The name and address of the incorporator to these Articles of Incorporation are:	
Robert R. Way 35351 RANCHETTE Blud	6: 2 0: 2
	OM SI
Webster, FL 33597	
Explored R. War 4/2	1/98
Signature/Incorporator // Da	ite (
/ /	
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(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date