

P04000057663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

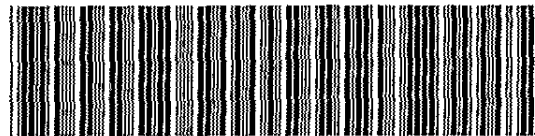
(Business Entity Name)

(Document Number)

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04 MAR 25 PM 2:08

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

4-5-04

TRANSMITTAL LETTER

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

SUBJECT: Adjulinx Solutions, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Bobbie Russell

Name (Printed or typed)

1812 Vista River Dr.

Address

Valrico, Florida, 33594

City, State & Zip

(813) 391-3152

Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
Adjulinx Solutions, Inc.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 25 PM 2:08

ARTICLE I

The name of this corporation is:
Adjulinx Solutions Inc.

ARTICLE II

The principal place of business address is:
1812 Vista River Dr.
Valrico FL 33594

The mailing address of the corporation is:
1812 Vista River Dr.
Valrico FL 33594

ARTICLE III

The purpose for which this corporation is organized is:
Any and All Lawful Business.

ARTICLE IV

The number of shares the corporation is authorized to issue is:
1500 Shares at \$0.00 par value per share

ARTICLE V

The name and Florida street address of the registered agent is:
Bobbie Russell
1812 Vista River Dr.
Valrico FL 33594
Registered Agent Signature: Bobbie Russell

ARTICLE VI

The name and address of the incorporator is:
Bobbie Russell
1812 Vista River Dr.
Valrico FL 33594
Incorporator Signature: Bobbie Russell

ARTICLE VII

The initial Officer and Director of the corporation is:
Title: D
Bobbie Russell
1812 Vista River Dr.
Valrico FL 33594

Bobbie Russell

[Handwritten Signature]
Incorporator / R.A.