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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

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COVER LETTER

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

SUBJECT:	GOT YOUR SO	olutions, Ir	nc.		
	(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
* * *	\$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: Arlene M. Lara Name (Printed or typed)					
13900 SW 18 ST. Address					
Miami, FL 33175 City, State & Zip					
(786) 290-492 Daytime Telephone number					

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

RTICLE II P	INCIPAL OFFICE		
	Principal street address	Mailing ac	ddress, if different is:
<u>13900 SV</u>	1 18 St.		
Miami,	FL 33175		
	RPOSE the corporation is organized is: CONS		
			
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ARTICLE IV SE			
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the number of shares of	of stock is: (CC) ITIAL OFFICERS AND/OR DIRECTO		
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he number of shares of the num	itial officers and/or directors: Arene M. Lara President 13900 SW 18 St. Miami, FL 33175	Name and Title: Address:	AUG 15 P
The number of shares of the nu	ITIAL OFFICERS AND/OR DIRECTO Ile: Arche M. Lara President 13900 SW 18 St. Miami, FL 33175	Name and Title: Address: Name and Title:	AUG 15 PM 2:
he number of shares of the num	itial officers and/or directors: Arene M. Lara President 13900 SW 18 St. Miami, FL 33175	Name and Title: Address: Name and Title: Address:	AJG 15 PM
he number of shares of the num	itial officers and/or director le: Arche M. Lara President 13900 SW 18 St. Miami, FL 33175	Name and Title: Address: Name and Title: Address:	AUG 15 PM 2: 5
he number of shares of the num	itial officers and/or director le: Arche M. Lara President 13900 SW 18 St. Miami, FL 33175	Name and Title: Address: Name and Title: Address:	AUG 15 PM 2: 53
Name and Tit Address Name and Tit Address	of stock is: 100 ITIAL OFFICERS AND/OR DIRECTO Ide: Arene M. Lara President 13900 SW 18 St. Miami, FL 33175 e:	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	AUG 15 PM 2: 53

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box N Name: Arlene M. Lo	,
Address: 13900 SW 18 S	
Miami, FL 3	3175 Region
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Arlene M.	CFI 1999
Address: <u>13900 SW 1</u>	8 St
Miami, FL	. 33175
	service of process for the above stated corporation at the place designated in ppointment as registered agent and agree to act in this capacity
(THOUSE	8/11/14
Required Signature/Reg	istered Agent Date
document to the Department of State constituter a	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
Required Signature/In	k orporator Date