

PA6000081086

TRANSMITTAL LETTER

09/07/96

TALLAHASSEE, FLORIDA

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

300001914958
-09/11/96--01082--017
*****78.75 *****78.75

SUBJECT: WIN WIN SOLUTIONS FLORIDA, 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: NIZAR LAVJI
Name (printed or typed)

12154 W. SAMPLE RD,
Address

CORAL SPRINGS, FL 33065
City, State & Zip

(305) 644-3610
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 12, 1996

NIZAR LAVJI
12154 W SAMPLE RD
CORAL SPRINGS, FL 33065

SUBJECT: WIN WIN SOLUTIONS FLORIDA, INC.
Ref. Number: W96000019238

We have received your document for WIN WIN SOLUTIONS FLORIDA, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 696A00042479

As per our conversation, we are resubmitting this application for incorporation as Win Win Solutions Florida, Inc.

*Thanks for your help.
Nizar Lavji*

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:

WIN WIN SOLUTIONS FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

12154 W. SAMPLE RD,
CORAL SPRINGS, FL
33065

ARTICLE III SHARES

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

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NIZAR LAVJI
12154 W. SAMPLE RD,
CORAL SPRINGS, FL 33065

FILING FEE: \$70.00

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):

NIZAR LAVJI
12154 W. SAMPLE RD
CORAL SPRINGS, FL 33065

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

9th day of SEPTEMBER, 19 96.



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: WIN WIN SOLUTIONS FLORIDA, INC

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

NIZAR LAVJI
(NAME)

12154 W. SAMPLE RD,
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

CORAL SPRINGS, FL 33065
(CITY/STATE/ZIP)

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)

9/SEP/96
(DATE)

FILED
96 OCT -1 PM 12:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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