

MAR/09/2012/FRI 11:04 AM

FAX No.

P. 001

Division of Corporations

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*N 120000002573*

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

*attn: Jim*

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Fax Number : (850) 617-6381

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FLORIDA PROFIT/NON PROFIT CORPORATION  
CORE SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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March 9 2012



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P.002

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March 8, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: CORE SOLUTIONS, INC.

REF: W12000013452

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H12000061298  
Letter Number: 512A00008837



**ARTICLES OF INCORPORATION**

In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**The name of the corporation shall be: **CORE SOLUTIONS, INC.****ARTICLE II PRINCIPAL OFFICE**Principal street address  
4060 POINCIANA AVE  
MIAMI, FL 33133Mailing address, if different is:  
4060 POINCIANA AVE  
MIAMI, FL 33133**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO SUPPORT VITAL TRAINING FOR LOCAL LAW ENFORCEMENT AGENCIES IN REF TO THE SAFETY OF CHILDREN.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed

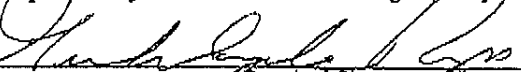
BY MINUTES &amp; BY-LAWS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **MICHELANGELO ROJAS (P/D)**  
Address: 4060 POINCIANA AVE  
MIAMI, FL 33133Name and Title:  
Address:Name and Title:  
Address:Name and Title:  
Address:Name and Title:  
Address:Name and Title:  
Address:**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: **MICHELANGELO ROJAS**  
Address: 4060 POINCIANA AVE  
MIAMI, FL 33133**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: **MICHELANGELO ROJAS**  
Address: 4060 POINCIANA AVE  
MIAMI, FL 33133*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Required Signature of Registered Agent

03-07-2012

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Required Signature of Incorporator

03-07-2012

Date

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