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COVER LETTER

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

SUBJECT:	Public Pro (PROPOSED CORPA	Perety Solotion PRATENAME-MUSTIN	CLUDE SUFFIX)			
Enclosed is an original an	id one (1) copy of the Art	icles 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	工		
		ADDITIONAL CO	PPY REQUIRED 20	FILED		
FROM: Mark Ogles Name (Printed or typed)						
4654 SR64 EAST #166 Address						
Bradenton, FL 34208 City, State & Zip						
Daytime Telephone number						
E-mail address: (to be used for future annual report notification) / Solutions, Net						

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be: Poblic To	spenty Solut	lows, INC.	,
ARTICLE II PRINCIPAL OFFICE	/ /	,	
Principal <u>street</u> address: 4654 SK64 EAST #166 Bridenton FL 34208		Mailing address, if diffe	rent is:
ADTICLE III BURDOCE		***	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:			
	a pul p	dina Ta	
Dutnach Assistant Public Entities of	Company	10 CE 10	
		TEIMTEN	20
to property ch	4/lenges		2020 A
,		<u></u> ;	P T
			20
			1 i
ARTICLE V MANNER OF ELECTION The manner Annual — One Me. ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: Mark Oaks Princip. Address 4654 5864 East Fr. Bradenton FL 343	PAS Name and Title: Address:	are elected and appointed	
Name and Title:	Name and Title:		<u> </u>
Address	Address:		
Name and Title:	Name and Title:		
Address			

Name and Title:	Name and Title:	
Address	Address:	
		<u> </u>
Name and Title:	Name and Title:	
Address	Address:	
 		
ARTICLE VI REGISTERED AGEN		
the name and Florida street address (1'.	O. Box NOT acceptable) of the registered agent is:	
Name: ///arti C	<u>h/e s</u>	
Address: <u>6//6</u> 9	In Arene Circle NE	
_Bradento	N FL 34212	
ARTICLE VII INCORPORATOR The name and address of the Incorporato	oris'	
m - / (1)	abc	
Name:	SR 644 nst #166	
Address: <u>7607</u>	1 5 24 20	
<u>Offilen</u>	0N PL 57200	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fi	ling: Mry 1, 2020 (OPTIONAL)	
	nust be specific and cannot be more than five days prior	r or 90 days after the filing.)
Note: If the date inserted in this block document's effective date on the Department.	oes not meet the applicable statutory filing requirements, the nent of State's records.	his date will not be listed as the
certificate, I am familiar with and accept	to accept service of process for the above stated corpora the appointment as registered agent and agree to act in this	
/M	-Cali	scapacity April 11, 2620
Required Sign	ature of Registered Agent	/Datc
	ne facts stated herein are true. I am aware that any false info d degree felony as provided for in s.817.155, F.S.	
	Signature of Incorporator	April 11, 2020
Required	Signature of incorporator	Date 1