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TRANSMITTAL LETTER

FILED

00 AUG 31 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

500003360035--9
08/16/00--01104--002
*****78.75 *****78.75

SUBJECT:

EQUINOX SOLUTIONS, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

Sydney McClure

Name (Printed or typed)

13802 N. 42nd St. Apt. E-202

Address

Tampa, FL 33613

City, State & Zip

(813) 505-2766

Daytime Telephone number

89,2551,2544,2550
W00-20668

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

D. BROWN SEP 21 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 22, 2000

SYDNEY MCCLURE
13802 N. 42ND STREET
APARTMENT E-202
TAMPA, FL 33613

SUBJECT: EQUINOX, INC.
Ref. Number: W00000020668

We have received your document for EQUINOX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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 (850) 487-6972.

Doris Brown
Document Specialist

Letter Number: 100A00045053

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Equinox Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13802 N. 42nd St. Apt. E-202
Tampa, FL 33613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO perform any business in the state of
Florida as chosen by the officers and directors of
the corporation

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Sydney McClure
13802 N. 42nd St. Apt. E-202
Tampa, FL 33613

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

13802 N. 42nd St. Apt. E-202
Tampa, FL 33613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sydney McClure
13802 N. 42nd St. Apt. E-202
Tampa, FL 33613

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

Sydney McClure
Signature/Registered Agent

8/28/00
Date

Sydney McClure
Signature/Incorporator

8/28/00
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA