

P02000118173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

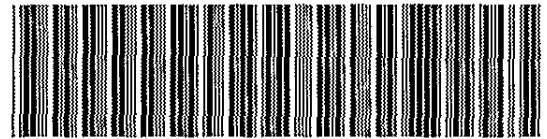
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400008483054

10/23/02--01031--008 \*\*78.75

FILED  
02 NOV -4 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: PRO-ACTIVE SOLUTIONS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: HPF's BEACON OF HOPE, INC.  
Name (Printed or typed)

3501 W. VINE ST. SUITE # 321  
Address

KISSIMMEE, FL 34741  
City, State & Zip

407-870-8075 & 407-870-8170  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 25, 2002

HONEY FENNELLY'S  
3501 W. VINE ST. SUITE #321  
KISSIMMEE, FL 34741

SUBJECT: PRO-ACTIVE SOLUTIONS, INC.  
Ref. Number: W02000030796

We have received your document for PRO-ACTIVE SOLUTIONS, 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):

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) 245-6962.

Valerie Ingram  
Document Specialist  
New Filing Section

Letter Number: 502A00058946

**ARTICLES OF INCORPORATION**

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

**FILED**

02 NOV -4 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

PHOENIX PRO-ACTIVE SOLUTIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4853 JAMAICA LANE, MONTEGO BAY  
KISSIMMEE, FL 34746

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

- 1- DISTRIBUTION AND MARKETING OF TECHNO PRODUCTS.
- 2- SALES OF ALL IMPORTED/DOMESTIC TECHNO PRODUCTS.
- 3- TELECOMMUNICATION BASED.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

ROSNAH ABD RAHMAN, CEO/PRESIDENT  
4853 JAMAICA LN, MONTEGO BAY  
KISSIMMEE, FL 34746

**ARTICLE VI REGISTERED AGENT**

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


HPP's BEACON OF HOPE, INC.  
3501 W. VINE ST. SUITE # 321  
KISSIMMEE, FL 34741

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ROSNAH ABD RAHMAN  
4853 JAMAICA LN. MONTEGO BAY  
KISSIMMEE, FL 34746

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

10/17/2002

Date

  
\_\_\_\_\_  
Signature/Incorporator

10/17/2002

Date