

PO3000030212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

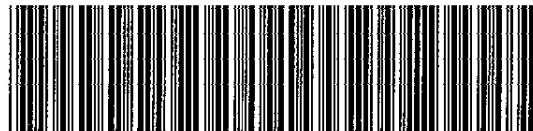
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RECEIVED
03 MAR 14 AM 11:44
DIVISION OF CORPORATION



100013326171

03/14/03--01063--007 **78.75

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03 MAR 14 AM 10:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

24-7 Solutions, Inc.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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:

24-7 SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1500 N. UNIVERSITY DR. SUITE 204
CORAL SPRINGS, FL 33071**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SOFTWARE DEVELOPMENT

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address of the registered agent is:ROBERT G. MONAS 1500 N. UNIVERSITY DR. # 204
CORAL SPRINGS, FL 33071**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:ROBERT G. MONAS 1500 N. UNIVERSITY DR # 204
CORAL SPRINGS, FL 33071

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

Robert Monas

Signature/Registered Agent

3/9/03

Date

Robert Monas

Signature/Incorporator

3/9/03

Date

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TALLAHASSEE FLORIDA