

P03000100868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

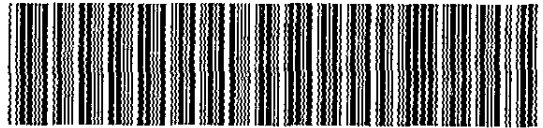
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

156 9/15/03

TRANSMITTAL LETTER

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2003 SEP 10 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: DIVINE 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  
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: MELISSA M. SHILLING  
Name (Printed or typed)

58 HAZELWOOD ROAD  
Address

DEBARY FLORIDA 32713  
City, State & Zip

386 668 2239  
Daytime Telephone number

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

**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: DIVINE SOLUTIONS INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 58 HAZELWOOD ROAD  
DEBARY FLORIDA 32713

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
SUPPORT SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MEISSA M. SHILLING, PRESIDENT  
58 HAZELWOOD ROAD  
DEBARY, FLORIDA 32713

**ARTICLE VI REGISTERED AGENT**

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

MEISSA M. SHILLING  
58 HAZELWOOD ROAD  
DEBARY FLORIDA 32713

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MEISSA M. SHILLING  
58 HAZELWOOD ROAD  
DEBARY FLORIDA 32713

\*\*\*\*\*  
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

Meissa M. Shilling  
Signature/Registered Agent

9/7/2003

Date

Meissa M. Shilling  
Signature/Incorporator

9/7/2003

Date

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CLERK OF STATE  
TALLAHASSEE FLORIDA