

PO4000029598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

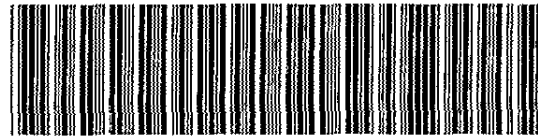
(Document Number)

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

Special Instructions to Filing Officer:

*Marta* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Corp Name*  
DATE *2/14/04*  
DOC. EXAM *EC*

Office Use Only



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02/05/04--01042--012 \*\*87.50

FILED  
04 FEB -5 AM 10:26  
SECRET  
TALLAHASSEE, FLORIDA

TH 2/14/04

## TRANSMITTAL LETTER

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

SUBJECT: TOTAL SOLUTIONS CORP.

(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: MARTA BEATRIZ VERGANI PRESIDENT OF CORP.

Name (Printed or typed)

400 KINGS POINT DR. #902

Address

SUNNY ISLES BEACH FL. 33160

City, State & Zip

305 919-8452

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:

TOTAL SOLUTIONS LIMITED, INC.

**FILED**

04 FEB -5 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

400 KINGS POINT DR. #902 SUNNY ISLES BEACH  
FLORIDA 33160

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT/COMMERCE

## ARTICLE IV SHARES

The number of shares of stock is:

TWO

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARTA BEATRIZ VERGANI PRESIDENT  
400 KINGS POINT DR. #902 SUNNY ISLES BEACH  
FLORIDA 33160.

JORGE URRENGOECHEA VICEPRESIDENT  
400 KINGS POINT DR. #902 SUNNY ISLES BEACH  
FLORIDA 33160

## ARTICLE VI REGISTERED AGENT

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

MARTA BEATRIZ VERGANI  
400 KINGS POINT DR. #902 SUNNY ISLES BEACH  
FLORIDA 33160

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARTA BEATRIZ VERGANI  
400 KINGS POINT DR. #902 SUNNY ISLES BEACH  
FLORIDA 33160

\*\*\*\*\*

*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*

*Marta Vergani*

Signature/Registered Agent

02/01/04

Date

*Marta Vergani*

Signature/Incorporator

02/01/04

Date