

PO4000126487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

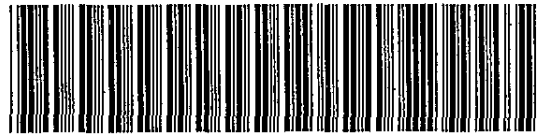
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 1 10 10 AM '04
DIVISION OF REVENUE
04 SEP -1 PM 12:53

TRANSMITTAL LETTER

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

SUBJECT: 4 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: JOSE A OLIVERI
Name (Printed or typed)

759 Start Point Dr
Address

Seffner FL 33584
City, State & Zip

813 413 2058, cell 813 300 3565
Daytime Telephone number

04 SEP - 1 PM 12:53

REC'D
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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:

4 SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

601 S FAULKENBURG ROAD Suite 14-3
TAMPA FL 33619

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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):

MARIO QUIROZ MANAGER

406 Apodaca Lane Sunny FL 33584

JOSE A. OLIVERI DIRECTOR

759 Start point Dr FL 33534

ARTICLE VI REGISTERED AGENT

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

JOSE A OLIVERI 601 S FAULKENBURG ROAD, TAMPA FL 33619

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSE A. OLIVERI 601 S FAULKENBURG ROAD TAMPA FL 33619

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

Date

Signature/Incorporator

Date