# P04000143599

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#### TRANSMITTAL LETTER

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

Subject

Total Solution PC Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

**570.00** 

\$78.75

\$78.75 Filing Fee Filing Fee

\$87.50

Filing Fee

& Certified Copy

Filing Fee, & Certified Copy

Certified Copy & Certificate

(ADDITIONAL COPY REQUIRED)

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

## ARTICLES OF INCORPORATION Total Solution PC Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

### ARTICLE I *NAME* The name of the Corporation shall be: Total Solution PC Inc. PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 43A Dale Drive Tavares, Florida 32778 **SHARES** ARTICLE III The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 at

ARTICLE IV INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Ron Hendrick 43A Dale Drive Tavares, Florida 32778

\$0.01 par value per share.

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ron Hendrick 43A Dale Drive Tavares, Florida 32778

The name and address of the incorporator to these Articles of incorporation is:	14 <sup>1</sup> 21
Nellie Akalp	
30141 Agoura Rd., Suite 205	
Agoura Hills, California 91301	
relle (Shap 10/14/04	
Nellie Akalp, Incorporator Date	
Having been named as registered agent and to accept service of process for the above stated corpo place designated in this certificate, I hereby accept the upper ment as registered agent and agree capacity. I further agree to comply with the provisions of all sututes relating to the proper and con performance of my duties, and I am familiar with and accept the obligations of my position as regis	to act in this uplete

Hendrick Date Ron Hendrick, Registered Agent