

P050000 70764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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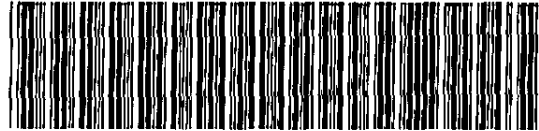
(Business Entity Name)

(Document Number)

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

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05 MAY 12 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C2.5-13

## TRANSMITTAL LETTER

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

**SUBJECT:** SRM SOLUTIONSOURCE, 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:** SALLY R. MCKENNEY

Name (Printed or typed)

11530 SW 51ST STREET

Address

COOPER CITY, FL 33330

City, State & Zip

954-562-2582

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:

SRM SOLUTIONSOURCE, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

11530 SW 51ST STREET  
COOPER CITY, FL 33330

### **ARTICLE III PURPOSE**

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

### **ARTICLE IV SHARES**

The number of shares of stock is:  
100 SHARES

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

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

SALLY R. MCKENNEY, PRESIDENT  
11530 SW 51ST STREET  
COOPER CITY, FL 33330

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SALLY R. MCKENNEY  
11530 SW 51ST STREET  
COOPER CITY, FL 33330

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SALLY R. MCKENNEY  
11530 SW 51ST STREET  
COOPER CITY, FL 33330

\*\*\*\*\*

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

5/9/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5/9/05  
\_\_\_\_\_  
Date

FILED  
05 MAY 12 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA