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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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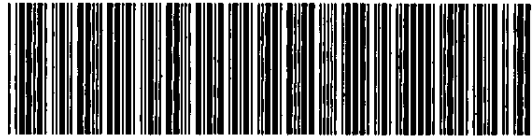
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JUN 28 PM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/20/07

COVER LETTER

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

SUBJECT: Fuller 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: Nancy Fuller

Name (Printed or typed)

2460 Woodbourne Place

Address

Cape Coral, FL 33991

City, State & Zip

239-283-8772

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:

Fuller Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2460 Woodbourne Place, Cape Coral, FL 33991

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

print broker

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nancy Fuller, 2460 Woodbourne Place, Cape Coral, FL 33991, president

ARTICLE VI REGISTERED AGENT

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

Nancy Fuller, 2460 Woodbourne Place, Cape Coral, FL 33991

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nancy Fuller, 2460 Woodbourne Place, Cape Coral, FL 33991

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

Nancy Fuller

Date

6/22/07

Signature/Incorporator

Nancy Fuller

Date

6/22/07

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07 JUN 28 PM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA