

P070000802/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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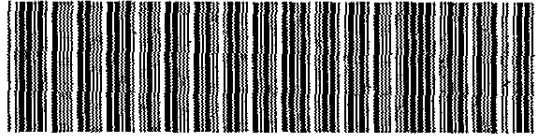
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/07--01005--007 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUL 13 AM 8:21

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VH

2007-302/2

COVER LETTER

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

SUBJECT: ALL 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: DAVID LATCHA
Name (Printed or typed)

8340 ULMERTON ROAD, SUITE 200
Address

LARGO, FL 33771
City, State & Zip

727 204-9004
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2007

DAVID LATCHA
8340 ULMERTON ROAD, SUITE 200
LARGO, FL 33771

SUBJECT: ALL SOLUTIONS INC.
Ref. Number: W07000030212

We have received your document for ALL SOLUTIONS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 207A00041824

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

07 JUL 13 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SURE SOLUTIONS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8340 ULMERTON ROAD SUITE 200
LARGO FL 33771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT CORPORATION - COMPUTER SALES & SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID GORDON PRESIDENT

DAVID LATCHA C.E.O.

ARTICLE VI REGISTERED AGENT

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

DAVID LATCHA

8340 ULMERTON ROAD SUITE 200
LARGO FL 33771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID LATCHA

8340 ULMERTON ROAD SUITE 200
LARGO FL 33771

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

David Latcha

Signature/Registered Agent

7.8.07

Date

David Latcha

Signature/Incorporator

7.8.07

Date