

P08000080656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

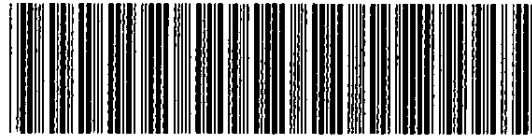
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

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

**SUBJECT:** SOLUTION SERVICE REPAIR, 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:** PIERRE HENRI DESMANGLES

Name (Printed or typed)

1055 LURAY AVE

Address

FORT-MYERS FL 33916

City, State & Zip

239-265-4194

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:

SOLUTION SERVICE REPAIR, INC

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1055 LURAY AVE FORT-MYERS FL 33916

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

## 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):

PIERRE HENRI DESMANGLES 1055 LURAY AVE FORT-MYERS 33916  
CERES M JACQUES 15682 ANGELICA DR ALVA FL 33920

## ARTICLE VI REGISTERED AGENT

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

CERES M JACQUES 15682 ANGELICA DR ALVA FL 33920

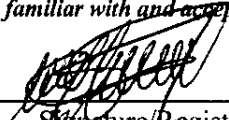
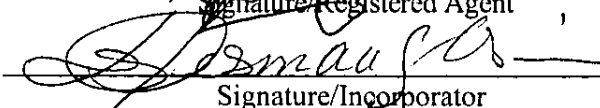
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PIERRE HENRI DESMANGLES  
1055 LURAY AVE FORT-MYERS FL 33916

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

08-25-08  
Date  
08-25-08  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA