

POSITIVE

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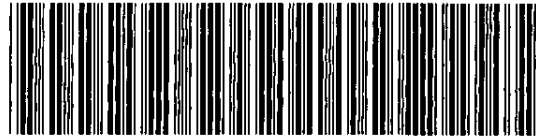
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MILWAUKEE, WI 53201

COVER LETTER

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

SUBJECT: Professional Solutions Consultants, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Professional Solutions Consultants, Inc.
Name (Printed or typed)

3494 Lionel Road
Address

Mims, FL 32754
City, State & Zip

321-268-3797
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:

Professional Solutions Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3494 Lionel Road
Mims, FL 32754

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist small businesses in overall profitability.

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):

CEO/President: Peggy Crooks
Vice President: Bonnie L. Rhodes
Secretary: Bonnie L. Rhodes
Treasurer: Bonnie L. Rhodes

ARTICLE VI REGISTERED AGENT

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

Peggy Crooks
Professional Solutions Consultants, Inc.
3494 Lionel Road
Mims, FL 32754

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bonnie Rhodes
Professional Solutions Consultants, Inc.
3494 Lionel Road
Mims, FL 32754

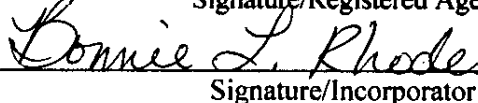
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

Peggy Crooks

10/13/2008

Date


Signature/Incorporator

Bonnie L. Rhodes

10/13/2008

Date

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08 OCT 24 AM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA