

PO9000028398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

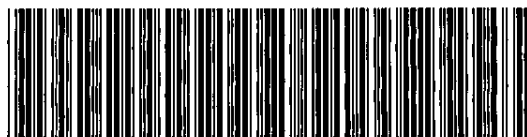
(Document Number)

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

Special Instructions to Filing Officer:

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W09-14075



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03/24/09--01020--009 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 27 AM 9:53

EFFECTIVE DATE 03/26/09

MD 3/30

Charter Number Only

VALIDATION ONLY

3/23/09

PBR

Requester's Name

Address

City

State

Zip

Phone

CORPORATION(S) NAME

Bridge to solutions, INC.

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk-In

☐ Will Wait

☒ Pick-Up

☐ Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



FLORIDA DEPARTMENT OF STATE

Division of Corporations

RECEIVED

09 MAR 27 AM 10:43

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

March 25, 2009

EMPIRE

SUBJECT: BRIDGE TO SOLUTIONS, INC.

Ref. Number: W09000014075

We have received your document for BRIDGE TO 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 effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected 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) 245-6973.

Clairetha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 609A00010121

EFFECTIVE DATE 03/26/09

ARTICLES OF INCORPORATION  
OF

BRIDGE TO SOLUTIONS, INC.

The undersigned hereby forms a Corporation under the following charter of Article incorporation:

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 27 AM 9:53

ARTICLE I

The name of this Corporation shall be:

BRIDGE TO SOLUTIONS, INC.

ARTICLE II

The principal place of business/**mailing address** is:

223 North K Street  
Lake Worth, FL 33460

ARTICLE III

This Corporation is organized for the purpose of transacting any or all-lawful business.

ARTICLE IV

This corporation is authorized to issue ten shares of one-dollar (1.00) par common stock.

ARTICLE V

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial directors of this Corporation are:

Robert Eubanks  
223 North K Street  
Lake Worth, FL 33460

**ARTICLE VI**

The name and address of the initial registered agent of this corporation is:

Robert Eubanks  
223 North K Street  
Lake Worth, FL 33460

**ARTICLE VII**

The name and address of the incorporator of this corporation is:

Robert Eubanks  
223 North K Street  
Lake Worth, FL 33460

**ARTICLE VIII**

**The effective date of this corporation will be March 26, 2009**

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DIVISION OF CORPORATIONS  
09 MAR 27 AM 9:53

SIGNATURE \_\_\_\_\_



Robert Eubanks, Incorporator

TITLE: President

DATE: 3-12-09

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

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09 MAR 27 AM 9:53

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, or its authorized agent, submits in the state of Florida.

1. The name of the Corporation is:

**BRIDGE TO SOLUTIONS, INC.**

The name and address of the registered agent and office is:

Robert Eubanks  
223 North K Street  
Lake Worth, FL 33460

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE: \_\_\_\_\_

  
Robert Eubanks, Registered Agent

DATE: \_\_\_\_\_

3-12-09