

P09000066099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

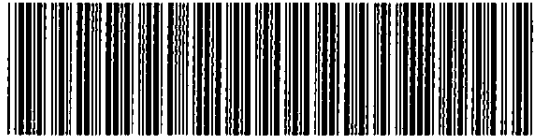
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W09-29935

Office Use Only



10015722251

06/25/09--01025--018 **78.75

FILED
2009 AUG -4 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 5 2009

COVER LETTER

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

SUBJECT: ProDev Solution, 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: Yoaldis Peña
Name (Printed or typed)

1225 West Okeechobee RD
Address

Hiawah, Florida 33010
City, State & Zip

786-718-6340
Daytime Telephone number

yoaldisp@prodevsolution.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
09 JUL -8 AM 11:24
DIVISION OF CORPORATION

June 26, 2009

YOALDIS PENA
1225 WEST OKEECHOBEE RD
HIALEAH, FL 33010

SUBJECT: PRODEV SOLUTION, INC.
Ref. Number: W09000029835

We have received your document for PRODEV SOLUTION, 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 209A00021973



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2009

YOALDIS PENA 2ND ML
1225 WEST OKEECHOBEE RD
HIALEAH, FL 33010

SUBJECT: PRODEV SOLUTION, INC.
Ref. Number: W09000029835

We have received your document for PRODEV SOLUTION, 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 209A00021973

RECEIVED
DEPARTMENT OF STATE
09 JUL 20 AM 10:54



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2009

YOALDIS PENA 3RD ML
1225 WEST OKEECHOBEE RD
HIALEAH, FL 33010

SUBJECT: PRODEV SOLUTION, INC.
Ref. Number: W09000029835

We have received your document for PRODEV SOLUTION, 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):

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Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 209A00021973

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:

ProDev. Solution, Inc

ARTICLE II PRINCIPAL OFFICE

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

1225 West Okeechobee Rd.
Hialeah, FL. 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Technology Services

ARTICLE IV SHARES

The number of shares of stock is:

30

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Yoaldis Peña

ARTICLE VI REGISTERED AGENT

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

Yoaldis Peña
1225 West Okeechobee Rd.
Hialeah, FL. 33010

ARTICLE VII INCORPORATOR

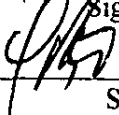
The name and address of the Incorporator is:

Yoaldis Peña
1225 West Okeechobee Rd.
Hialeah, FL. 33010

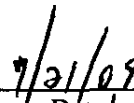
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



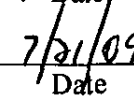
Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED

2009 AUG - 4 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA