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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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09 SEP 29 PM 2:13

SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

9-29-09  
496

## COVER LETTER

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

**SUBJECT:** The Pros Capital 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      ☒ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: The Pro's Capital Solutions, Inc  
Name (Printed or typed)

**3236 Nekoma Lane**  
Address

Tallahassee, FL 32304  
City, State & Zip

850-345-2652  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**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: The Pro's Capital Solutions, Inc

## **ARTICLE II PRINCIPAL OFFICE**

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

Po 20881  
Tallahassee, FL 32316 *3236 Nekoma Ln  
Tallahassee, FL 32304*

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

A Professional Corporation

## **ARTICLE IV SHARES**

The number of shares of stock is:

12000000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

A. Khaliq Alansari, Founder  
Kevin Willis, CEO

## **ARTICLE VI REGISTERED AGENT**

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

A. Khaliq Alansari  
3236 Nekoma Lane  
Tallahassee, FL 32304


## **ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

A. Khaliq Alansari  
3236 Nekoma Lane  
Tallahassee, FL 32304

\*\*\*\*\*

*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

*9/21/09*  
\_\_\_\_\_  
Date

*9/29/09*  
\_\_\_\_\_  
Date

FILED  
09 SEP 29 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA