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## **COVER LETTER**

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

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EIN 27-1161808

## SUBJECT: Chirieleison 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

<b>\$78,75</b>
Filing Fee
& Certified Copy

 \$87.50
 Filing Fee.
 Certified Copy
 & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: \_\_\_\_\_ Michael A. Chirieleison Name (Printed or typed)

> 2917 Middle River Drive #7 Address

Fort Lauderdale FL 33306 City, State & Zip

> 754-366-7725 Daytime Telephone number

manthony@simpledebtsolutions.org 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:

Chirieleison Inc.

## ARTICLE II PRINCIPAL OFFICE

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

2917 MIDDLE KIVER DR #7 Ft. LANDERDALEFL 33306

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful business

#### ARTICLE IV SHARES

The number of shares of stock is:

100 (one hendred)

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

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

Michael A. Chirieleison, President,  $\mathcal{D}$ 

60 **REGISTERED AGENT** ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 007 26 Peter J Bowers PA 5100 W COPANS RO STE910 ARTICLE VII INCORPORATOR P çņ The name and address of the Incorporator is:  $\omega$ Michael Chirieleison 2917 middle Ring Dr #7 Ft. Laududale FL 33306

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

10 - 21 - 09 Date 10 - 21 - 09 Date