

P09000095389

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2009 NOV 20 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers NOV 23 2009

W09-47515

COVER LETTER

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

SUBJECT: SYSTEM SERVICES & INNOATION .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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: CYRIL RAHMING
Name (Printed or typed)

2841 NW 195ST
Address

MIAMI GARDEN, FLORIDA 33056
City, State & Zip

786-356 5465
Daytime Telephone number

CRAHMING@MSN.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 20 AM 11:59

FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2009

CYRIL RAHMING
2841 NW 195 ST
MIAMI GARDEN, FL 33056

SUBJECT: SYSTEM SERVICES & INNOATION. INC
Ref. Number: W09000047515

We have received your document for SYSTEM SERVICES & INNOATION. INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the word INNOATION in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled INNOATION. If you did not misspell this word intentionally, please correct the spelling to read INNOVATION and resubmit the document for processing.

An effective date may be added to the Articles of Incorporation **if a 2010 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 909A00033902

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

2841 NW 195ST MIAMI GARDEN, FLORIDA 33056

The purpose for which the corporation is organized is:

PROJECT MANAGEMENT & CONSULTING FIRM

The number of shares of stock is:

100

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

CYRIL RAHMING 2841 NW 195ST
MIAMI GARDEN , FL 33056

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

ANTHONY MOSS 1877 NW 57 STREET
MIAMI FL 33056

The **name and address** of the Incorporator is:

CYRIL RAHMING
2841 NW 195ST
MIAMI GARDEN, FL 33056

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 _____

10-28-09

Date _____

10-28-09

Date _____