

P10000094527

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
EFFECTIVE DATE 1/3/11

MRS
11/18

W116-49907

COVER LETTER

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

SUBJECT: IP 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 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: Paul N. Thorpe III
Name (Printed or typed)

105 Monet Drive
Address

Nokomis, FL 34275
City, State & Zip

941-966-1265
Daytime Telephone number

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

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

Juan C Savinovich
8381 N.W. 66th Street
Miami, FL 33166
Ph (786) 866-4336 Fx (786) 464-1555

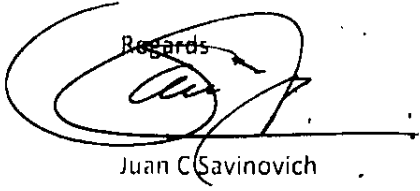
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Miami, November 12th, 2010

To whom it may concern:

This letter is to certify that I have no intention of reinstating the company IP Solutions INC, for that reason you can give that name to another person that may have the interest in getting that name for his business.

Regards


Juan C Savinovich

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME IP Solutions, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
105 Monet Drive
Nokomis, FL 34275

Mailing address SAME

EFFECTIVE DATE 1/3/11

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Sales, Consulting, and Installation of IP products & services

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul N. Thorpe III President	Name and Title: _____
Address: 105 Monet Drive	Address: _____
Nokomis, FL 34275	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Paul N. Thorpe III
Address: 105 Monet Drive
Nokomis, FL 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

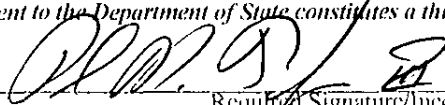
Name: Paul N. Thorpe III
Address: 105 Monet Drive
Nokomis, FL 34275

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


Required Signature/Registered Agent
Paul N. Thorpe III

10/19/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator
Paul N. Thorpe III

10/19/10
Date

Articles of Incorporation Continued:

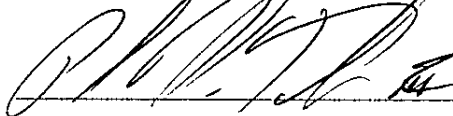
Article VIII: Effective Date

Effective date to be January 3, 2011

_____

Signature/Registered Agent

PAUL N. THORPE

_____

Signature/Incorporator

PAUL N. THORPE

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11-12-10

Date

11-12-10

Date