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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

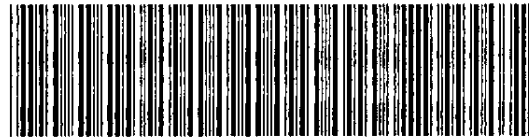
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAR - 9 PM 4:18

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: Phase 3 Systems Corporation.  
(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: Christopher R. Adams.  
Name (Printed or typed)

704 N.W. Buck Hendry Way  
Address

Stuart, FL, 34994  
City, State & Zip

617 519 1282  
Daytime Telephone number

CADAMS@PHASE3SYSTEM.COM.  
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: Phase 3 Systems Corporation.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address Mailing address, if different is:  
2740 SW MARTINDOWNS RD.  
# 384  
Palm City, FL 34990

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Consumer and Industrial Product Sales.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: CHRISTOPHER ADAMS Name and Title: \_\_\_\_\_  
Address: 2437 SW FOX POINT TR. Address: \_\_\_\_\_  
PALM CITY FL  
34990

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: CHRISTOPHER ADAMS.  
Address: 2437 SW FOX POINT TRAIL  
Palm City FL 34990

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHRISTOPHER ADAMS.  
Address: 2437 SW FOX POINT TRAIL  
Palm City FL 34990

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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

3.8.11  
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

3.8.11  
Date