

P11000037611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 18 PM 3:01

APPROVED  
FILED

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## COVER LETTER

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

**SUBJECT:** Phenix 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:** Glen L. Concklin  
Name (Printed or typed)

2780 Lightwood St.  
Address

Deltona, FL 32738  
City, State & Zip

407-878-4266  
Daytime Telephone number

glenconcklin@yahoo.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**

Phenix Solutions, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2780 Lightwood St.  
Deltona, FL 32738

Mailing address, if different is:  
2780 Lightwood St.  
Deltona, FL 32738

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Glen L. Concklin, President  
Address: 2780 Lightwood St.  
Deltona, FL 32738

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Glen L. Concklin  
Address: 2780 Lightwood St.  
Deltona, FL 32738

**ARTICLE VII INCORPORATOR**

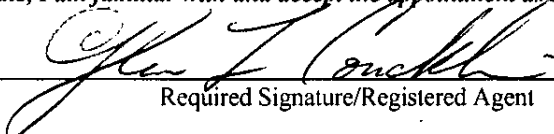
The name and address of the Incorporator is:

Name: Glen L. Concklin  
Address: 2780 Lightwood St.  
Deltona, FL 32738

11 APR 18 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

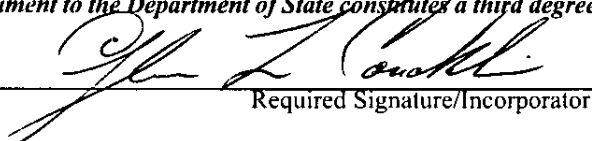
FILED

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

03/30/2011  
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

03/30/2011  
Date