

P110000046617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

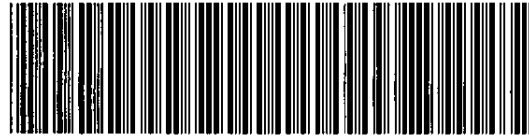
(Business Entity Name)

(Document Number)

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

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2011 MAY 13 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT: Sleek 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: Keith Hogan

Name (Printed or typed)

519 Johns Pass Ave

Address

Madeira Beach, FL 33708

City, State & Zip

618-558-8678

Daytime Telephone number

khogan@sleeksolutionsinc.com

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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**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: Sleek Solutions Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
519 Johns Pass Ave  
Madeira Beach, FL 33708

Mailing address, if different is:

2637 E Atlantic Blvd #17028  
Pompano Beach, FL 33062

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Provide IT Services and other business ventures

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Keith P Hogan - CEO  
Address: 519 Johns Pass Ave  
Madeira Beach, FL 33708

Name and Title: Keith D Hogan - Engineer  
Address: 10 Chariot Ct  
Glen Carbon, IL 62034

Name and Title: Kim Keels Hogan - CFO  
Address: 519 Johns Pass Avenue  
Madeira Beach, FL 33708

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

Name and Title: Kortney L Hogan - Project Manager  
Address: 519 Johns Pass Avenue  
Madeira Beach, FL 33708

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: Keith Hogan  
Address: 519 Johns Pass Ave  
Madeira Beach, FL 33708

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Keith Hogan  
Address: 519 Johns Pass Ave  
Madeira Beach, FL 33708

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

Keith P Hogan  
Required Signature/Registered Agent

5/10/2010  
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.

Keith P Hogan  
Required Signature/Incorporator

5/10/2010  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304