

PII 000052893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500207554555

05/20/11--01014--005 **70.00

FILED
2011 JUN -3 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5C
5-23-11 11) 11000028361

COVER LETTER

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

SUBJECT: C & C Custom 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: Mark E. Malpass

Name (Printed or typed)

P.O. Box 1629

Address

Lady Lake, FL 32158-1629

City, State & Zip

352-516-9137

Daytime Telephone number

dja@dyessiones.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 32314

2011 JUN -3 PM 2:30

FILED



RECEIVED

11 JUN -3 AM 10:30

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 25, 2011

MARK E. MALPASS
P.O. BOX 1629
LADY LAKE, FL 32158-1629

SUBJECT: C & C SOLUTIONS, INC.
Ref. Number: W11000028361

*What happened to the \$70.00
Money Order #18706129154?*

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6924.

Sharon Collins
Regulatory Specialist II
New Filing Section

Letter Number: 211A00013019

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:

C & C CUSTOM SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

**409 S. OLD DIXIE HWY
LADY LAKE, FL. 32159**

Mailing address, if different is:

**P.O. BOX 1629
LADY LAKE, FL. 32158-1629**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: **7500**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MARK E. MALPASS, PRES.**

Address: **P.O. BOX 1629
LADY LAKE, FL. 32158-1629**

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: **MARK E. MALPASS**

Address: **409 S. OLD DIXIE HWY
LADY LAKE, FL. 32159**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MARK E. MALPASS**

Address: **P.O. BOX 1629
LADY LAKE, FL. 32158-1629**

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

Mark E. Malpass

Required Signature/Registered Agent

5/18/11

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.

Mark E. Malpass

Required Signature/Incorporator

5/18/11

Date

FILED
2011 JUN -3 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA