

P110000067928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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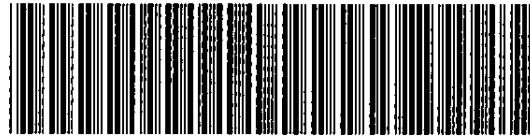
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/11/11--01011--015 **78.75

FILED
11 JUL 27 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
7/28

COVER LETTER

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

SUBJECT: True Real Estate 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: Marcella J Melby
Name (Printed or typed)
9422 Myrtle Creek Ln #816
Address
Orlando FL 32832
City, State & Zip
407 435 5087
Daytime Telephone number
mjmelly1@aol.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2011

MARCELLA J MELBY
9422 MYRTLE CREEK LN
#816
ORLANDO, FL 32832

SUBJECT: TRUE REAL ESTATE SOLUTIONS INC
Ref. Number: W11000036680

We have received your document for TRUE REAL ESTATE SOLUTIONS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the complete name of the corporation in Article I. The registered agent and the Incorporator information must be listed in article VI and VII.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 011A00016521

Changes
attached
Please let
me know
if you need
anything
else
This!
H Melby

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
11 JUL 27 AM 11:01

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: True Real Estate Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
9422 Myrtle Creek Ln #816
Orlando FL 32832

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Marketing Services

ARTICLE IV SHARES

The number of shares of stock is: 75

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Marcella J Melby, Pres. VP, Tres. Sec	Name and Title:	
Address:	9422 Myrtle Creek Ln #816 Orlando FL 32832	Address:	

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: Marcella J Melby
Address: 9422 Myrtle Creek Ln #816
Orlando FL 32832

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marcella J Melby
Address: 9422 Myrtle Creek Ln #816
Orlando FL 32832

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

7/23/11

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

7/23/11

Date

FILED
11 JUL 27 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA