

P110000075206

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TREASURY & SOBERN FLORIDA

COVER LETTER

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

SUBJECT: The Pros Capital Solution, 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: A. Khaliq Alansari

Name (Printed or typed)

3236 Nekoma Lane

Address

Tallahassee, FL 32304

City, State & Zip

850-339-6734

Daytime Telephone number

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

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

I, A. KHALIQ ALANSARI WILL NOT REINSTATE THE PRO'S
CAPITAL SOLUTIONS, INC. DOCUMENT NUMBER P09000080318
AND I RELEASE THE NAME FOR USE.

A handwritten signature, possibly reading "A. Khaliq", is written above a horizontal line.

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: The Pros Capital Solution, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3236 Nekoma Lane
Tallahassee, FL 32304

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MAILING ADDRESS, IF DIFFERENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: A. Khaliq Alansari Pres. (26%)
Address: 3236 Nekoma Lane
Tallahassee, FL 32304

Name and Title: _____
Address: _____

Name and Title: Kevin Willis VP (25%)
Address: 3236 Nekoma Lane
Tallahassee, FL 32304

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: A. Khaliq Alansari
Address: 3236 Nekoma Lane
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: A. Khaliq Alansari
Address: 3236 Nekoma Lane
Tallahassee, FL 32304

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

8/23/11
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

8/23/11
Date