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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

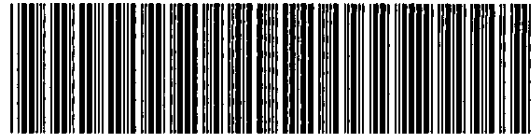
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/11/11--01030--015 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 11 9M 1:51

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

SUBJECT: CG Solutions of Jax Corp

(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: Cathy Garland

Name (Printed or typed)

13467 Ashford Wood Ct W

Address

Jacksonville, FL 32218

City, State & Zip

863-370-3542

Daytime Telephone number

cathyagarland@gmail.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME** CG Solutions of Jax Corp  
The name of the corporation shall be:

11 OCT 11 PM 1:51

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
731 Duval Station Rd.  
Ste 107-203  
Jacksonville, FL 32218

Mailing address **SECRETARY OF STATE**  
TALLAHASSEE, FLORIDA  
731 Duval Station Rd.  
Ste 107-203  
Jacksonville, FL 323218

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Provide technology resources

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Cathy Garland - President	Name and Title: _____
Address: 13467 Ashford Wood Ct W	Address: _____
Jacksonville, FL 32218	_____
_____	_____

Name and Title: Gary Garland - Secretary	Name and Title: _____
Address: 13467 Ashford Wood Ct W	Address: _____
Jacksonville, FL 32218	_____
_____	_____

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:

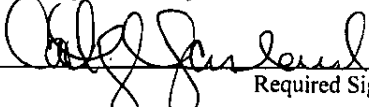
Name: Cathy Garland  
Address: 13467 Ashford Wood Ct W  
Jacksonville, FL 32218

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cathy Garland  
Address: 13467 Ashford Wood Ct W  
Jacksonville, FL 32218

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

 Cathy Garland  
Required Signature/Registered Agent

10/5/2011  
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.

 Cathy Garland  
Required Signature/Incorporator

10/5/2011  
Date