

PI1000101613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

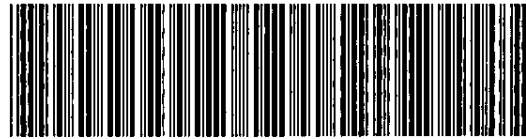
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

11 NOV 23 PM 5:07

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1/4

November 14, 2011


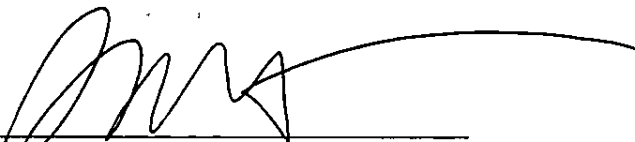
Florida Department of State

To Whom it May Concern:

As the majority owner (51%) of Total Bottom Solutions, **LLC**, I authorize the name of a brand new entity named Total Bottom Solutions, **Inc.**

These are separate entities and will have separate Federal employer identification numbers.

Thank you.

  
\_\_\_\_\_  
April Balentine, Managing Member  
Total Bottom Solutions, LLC  
\_\_\_\_\_  
April Balentine, President  
Total Bottom Solutions, Inc.

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME** TOTAL BOTTOM SOLUTIONS, INC.  
The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1720 S.W. 20TH STREET  
FT. LAUDERDALE, FL 33315

SECRETARY OF STATE  
MAILING ADDRESS  
Mailing address, if different, is:  
SAME AS PRINCIPAL ADDRESS

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES  
AND OF THE STATE OF FLORIDA.**

**ARTICLE IV SHARES**  
The number of shares of stock is 500

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

Name and Title:	<u>APRIL BALENTINE, PRESIDENT</u>	Name and Title:	_____
Address:	<u>1720 S.W. 20TH STREET</u>	Address:	_____
	<u>FT. LAUDERDALE, FL 33315</u>		_____

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: APRIL BALENTINE  
Address: 1720 S.W. 20TH STREET  
FT. LAUDERDALE, FL 33315

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: APRIL BALENTINE  
Address: 1720 S.W. 20TH STREET  
FT. LAUDERDALE, FL 33315

*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*

X \_\_\_\_\_ 11/10/11  
Required Signature/Registered Agent 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.*

X \_\_\_\_\_ 11/10/11  
Required Signature/Incorporator Date