## P11000107385

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE ALLAHASSEE. FLORIDA

DEC 20 AHII: 29

## **COVER LETTER**

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

SUBJECT:	Market Watch Solutions, Inc.				
 १.४	(PROPOSED CORPORA)	•			
\$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 OPY REQUIRED		
FROM: Kathryn B. Hopkinson  Name (Printed or typed)					
	50 Ocean Dr. Address				
_	Punta Gorda, FL 33950 City, State & Zip				
_	941-347-7073  Daytime Telephone number				
	kbhopkinson@comcast.net 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)

ARTICLE I	NAME Market Watch Solutio	ns, Inc.	FILED
The name of the cor	rporation shall be:		11 DEC 20
ARTICLE II	PRINCIPAL OFFICE		11 DEC 20 AM 11: 29
_	Principal street address		Mailing address SECHOFFER IS:  TALLAHASSEE. FLORIDA
5	0 Ocean Dr.		TALLAHASSEE FLOOR
P	unta Gorda, FL 33950		LURIUA
ARTICLE III	DIPPOSE		
	hich the corporation is organized is:		
The purpose	of the corporation is to conduct any	lawful purpos	e or purposes.
ARTICLE IV The number of share	SHARES es of stock is: 100		
ARTICLE_V	INITIAL OFFICERS AND/OR DIRECTO	ORS	
	tle: Kathryn B. Hopkinson, President/Secret	ary Name and Tit	le:Leonard N. Francoeur Jr., Vice President/Treasurer
Address:	50 Ocean Dr. Punta Gorda, FL 33950	Address:	Punta Gorda, FL 33950
	Punia Gorda, FL 55950		Punta Gorda, 1 L 33930
Name and Ti	tle:	Name and Tit	le:
Address:	no.		
, radioss.			
		<del>_</del>	
Name and Ti	tle:	Name and Tit	de:
Address:		Address:	
		<del></del>	<del></del>
	REGISTERED AGENT		
Name:	rida street address (P.O. Box NOT acceptable) Corporation Service Company		gent is:
Address:	1201 Hays Street		
, , , , , , , , , , , , , , , , , , , ,	Tallahassee, FL 32301	<del></del>	
	·	<del></del>	
ARTICLE VII	INCORPORATOR		
Name:	Iress of the Incorporator is:		
Address:	Kathryn B. Hopkinson 50 Ocean Dr.	<del></del> ,	
210010331	Punta Gorda, FL 33950	<del></del>	
this certificate, I ar	ed as registered agent to accept service of proc m familiar with and accept the appointment as i	registered agent an	
ma	and un pro	<u>ي</u>	<u> 1214111</u>
/1	Required Signature/Registered Agent		Date
submit this docu	ment and affirm that the facts stated herein t	are true. I am awa	re that the false information submitted in a
	epartment of State constitutes a third degree fel		
Ka	+ 1. ~ 2/1 v. ·		1211.
- / ja	Required Signature/Incorporator		141411
•	require dignature involporator		Date