

PI200000893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

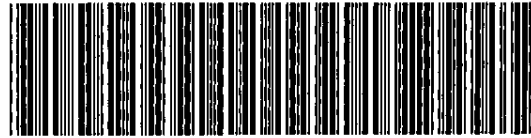
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600215639156

01/03/12--01014--001 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN - 3 PM 3:49

Ps 1/4/12

COVER LETTER

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

SUBJECT: Complete Binary 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: Amanda Pearson

Name (Printed or typed)

656 Crystal Drive

Address

Palm Harbor, FL 34683

City, State & Zip

727-481-6407

Daytime Telephone number

amanda@gohtci.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) FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Complete Binary Solutions, Inc.
The name of the corporation shall be:

12 JAN -3 PM 3:49

ARTICLE II PRINCIPAL OFFICE

Principal street address
656 Crystal Drive
Palm Harbor, FL 34683

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen Pearson, President
Address: 656 Crystal Drive
Palm Harbor, FL 34683

Name and Title: _____
Address: _____

Name and Title: Amanda Pearson, VP
Address: 656 Crystal Drive
Palm Harbor, FL

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: Amanda Pearson
Address: 656 Crystal Drive
Palm Harbor, FL 34683

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amanda Pearson
Address: 656 Crystal Drive
Palm Harbor, FL 34683

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

Amanda Pearson
Required Signature/Registered Agent

12-28-11
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.

Amanda Pearson
Required Signature/Incorporator

December 7, 2011
Date