

P12000013287

(Requestor's Name)

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(City/State/Zip/Phone #)

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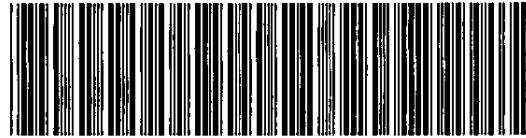
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 8 2012

COVER LETTER

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

SUBJECT: InnovaWare 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: Benjamin Hardin Wilson III

Name (Printed or typed)

4122 San Juan Ave

Address

Jacksonville, FL 32210

City, State & Zip

904-343-3489

Daytime Telephone number

tripp.wilson@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)

ARTICLE I NAME

The name of the corporation shall be: InnovaWare Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4122 San Juan Ave
Jacksonville, FL 32210

Mailing address, if different is:
PO Box 16133
Jacksonville, FL 32245-6133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in services and activities associated with decision-making in the public and private sector and to engage in any other lawful business, to purchase, acquire, own, mortgage, pledge, sell, convey, assign, transfer, dispose of, invest in and hold real or personal property, of every class, kind, and description, and to otherwise engage in any legal business or activity permitted under the laws of the State of Florida and in all other States and counties.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benjamin H. Wilson III
Address: 4122 San Juan Ave
Jacksonville, FL 32210
P/D/S/T

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Benjamin H. Wilson III
Address: 4122 San Juan Ave
Jacksonville, FL 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Benjamin H. Wilson III
Address: 4122 San Juan Ave
Jacksonville, FL 32210

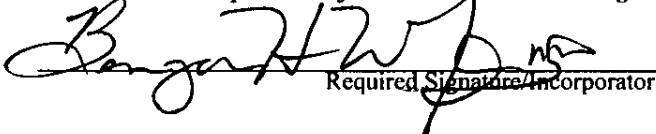
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

February 6, 2012
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

February 6, 2012
Date