

PI20000023420

(Requestor's Name)

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(Business Entity Name)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 MAR -9 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/9  
86

## COVER LETTER

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

SUBJECT: Florida Solutions Corporation  
(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: Jeffrey Wilkerson  
Name (Printed or typed)

1382 Millstream RD  
Address

Tallahassee, FL 32308  
City, State & Zip

(405) 638-5464  
Daytime Telephone number

Jeffery.wilkerson17@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: Florida Solutions corporation of Tallahassee

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1382 Millstream RD  
Tallahassee, FL 32307

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful bussiness

**ARTICLE IV SHARES**

The number of shares of stock is: 1 one

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

Name and Title: Jeffrey Wilkerson / CEO  
Address: 1382 Millstream RD  
Tallahassee, FL 32307

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: Jeffrey Wilkerson  
Address: 1382 Millstream  
Tallahassee, FL 32307

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Jeffrey Wilkerson  
Address: 1382 Millstream  
Tallahassee, FL 32307

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

[Signature]  
Required Signature/Registered Agent

3/9/08 12  
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.

[Signature]  
Required Signature/Incorporator

3/9/12  
Date

FILED  
12 MAR -9 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA