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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

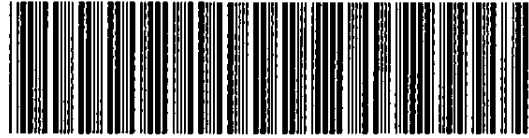
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 25 PM 1:53

6/26/12

COVER LETTER

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

SUBJECT: On Contact Solutions Incorporated

(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 Tomback

Name (Printed or typed)

615 Santander Unit B

Address

Coral Gables, FL 33134

City, State & Zip

415-269-1903

Daytime Telephone number

jeff@oncontactsolutions.com

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

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:

On Contact Solutions Incorporated

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ARTICLE II PRINCIPAL OFFICE

Principal street address

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Mailing address, if different is:

615 Santander Unit B
Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Textile sales and marketing in conjunction with a solution to the bed bug infestation.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey Tomback, Owner

Address: 615 Santander Unit B
Coral Gables, FL 33134

Name and Title: Gloria Tomback, Vice President

Address: 615 Santander Unit B
Coral Gables, FL 33134

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: Gloria Tomback

Address: 615 Santander Unit B
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey Tomback

Address: 615 Santander Unit B
Coral Gables, FL 33134

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

Gloria Tomback
Required Signature/Registered Agent

5/10/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jeffrey Tomback
Required Signature/Incorporator

5/10/2012