

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003235
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
POAS SOLUTIONS CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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August 2, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: POAS SOLUTIONS CORP.
REF: W12000040563

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent's address is unclear in your document. Please correct accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: H12000195204
Letter Number: 012A00020173

P.O BOX 6327 -- Tallahassee, Florida 32314

H12000195204

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: **POAS SOLUTIONS CORP.**

ARTICLE II PRINCIPAL OFFICE
Principal street address: **770 CLAUGHTON ISLAND DRIVE
SUITE 1814
MIAMI, FLORIDA 33131**
Mailing address, if different is: **770 CLAUGHTON ISLAND DRIVE
SUITE 1814
MIAMI, FLORIDA 33131**

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
GENERAL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: **100 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: **MANUEL H. POLINI, D.P.S.J.** Name and Title: _____
Address: **770 CLAUGHTON ISLAND DRIVE** Address: _____
SUITE 1814 _____
MIAMI, FLORIDA 33131 _____
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: **VICTOR GRUNBAUM**
Address: **9724 SW 213 AVENUE
- MIAMI, FL 33184**

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: **MANUEL H. POLINI**
Address: **770 CLAUGHTON ISLAND DRIVE SUITE 1814
MIAMI, FLORIDA 33131**

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

02/31/2012
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

6/4/31/2012
Date

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