

PI2000068627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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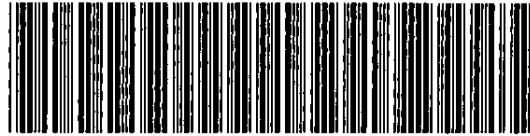
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Bureau AUG 9 2012

COVER LETTER

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

SUBJECT: Green Pro 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: Marci Jacobs
Name (Printed or typed)

11359 LAKEVIEW Drive
Address

Coral Springs FL. 33071
City, State & Zip

(954) 575-1942
Daytime Telephone number

greenprorep@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: Green Pro Solutions INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
11359 Lakeview Drive
Coral Springs FL
33071

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to Protect Profit

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MARCI JACOBS</u>	Name and Title:	_____
Address:	<u>11359 Lakeview Drive</u>	Address:	_____
	<u>Coral Springs FL</u>		_____
	<u>33071</u>		_____

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: marci Jacobs
Address: 11359 Lakeview Drive
Coral Springs FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marci Jacobs
Address: 11359 Lakeview Drive
Coral Springs FL 33071

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

Marci Jacobs
Required Signature/Registered Agent

8/2/2012
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.

[Signature]
Required Signature/Incorporator

8/2/2012
Date