

P12000075062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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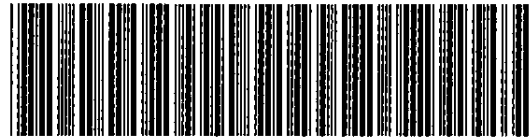
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/20/12--01035--023 \*\*20.00

08/20/12--01035--022 \*\*50.00

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12 AUG 31 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-44479



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2012

DONNIE WHITE  
8403 CANDLEWOOD COVE TRAIL  
JACKSONVILLE, FL 32244

SUBJECT: ALL N 1 SOLUTIONS, INC.  
Ref. Number: W12000043479

We have received your document for ALL N 1 SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00021474

## COVER LETTER

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

SUBJECT: ALL N 1 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: Donnie White

Name (Printed or typed)

8403 Candlewood Cove Trail

Address

jacksonville, FL 32244

City, State & Zip

9046510470

Daytime Telephone number

alln1solutions@rocketmail.com

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Exquisite Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8403 Candlewood Cove Trail  
Jacksonville, FL 32244

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

as a cleaning business with 3 owners and possibly employees

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Donnie White, CEO

Address: 8403 Candlewood Cove Trail  
Jacksonville, Florida 32244

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Tennille Major White, Vice President

Address: 8403 Candlewood Cove Trail  
Jacksonville, FL 32244

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Andramina Williamson, secretary

Address: 6433 Diamond Leaf Drive  
Jacksonville, FL 32244

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: Donnie White

Address: 8403 Candlewood Cove Trail  
Jacksonville, FL 32244

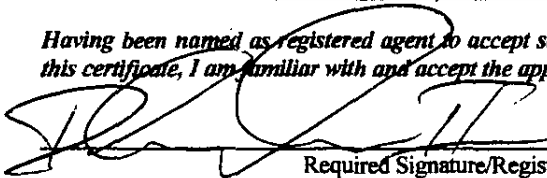
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Andramina Williamson

Address: 6433 Diamond Leaf Drive  
Jacksonville, FL 32244

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

08/14/2012

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

08/14/2012

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA