

P12000085293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

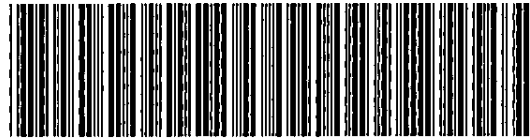
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Cheryl Scott **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT add share
DATE 10/9/12
DOC. EXAM VH

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FILED
12 OCT -8 AM 10:35
SECRETARY OF STATE
TOLSON, SEATTLE, WA

VH

COVER LETTER

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

SUBJECT: ICC 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: CHERYL E. SCOTT
Name (Printed or typed)

1125 NE 125th Street Suite 103
Address

NORTH MIAMI FLORIDA 33161
City, State & Zip

305-899-0411
Daytime Telephone number

cherylevernet@yahoo.ca
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: ICC SOLUTIONS, CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
1426 CAPRI LANE #5002
WESTON FL 33326

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICARDO BRUNO - PRESIDENT
Address: 1426 CAPRI LANE #5002
WESTON FL 33326

Name and Title: _____
Address: _____

Name and Title: CHERYL E. SCOTT - VICE PRESIDENT
Address: 1125 NE 125th Street Suite 103
NORTH MIAMI FL 33161

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: CHERYL E. SCOTT
Address: 1125 NE 125th Street Suite 103
NORTH MIAMI FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHERYL E. SCOTT
Address: 1125 NE 125th Street Suite 103
NORTH MIAMI FL 33161

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

Cheryl E. Scott

Required Signature/Registered Agent

9-7-2012

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.

Cheryl E. Scott

Required Signature/Incorporator

9-7-2012

Date

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SECRETARY OF STATE