

P13000061901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

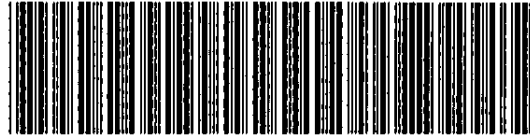
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100248404631

06/03/13--01026--006 \*\*78.75

W.D. J2300

FILED  
13 JUL 22 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32300

T. Burch JUL 25 2013

## COVER LETTER

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

SUBJECT: **CS Solutions Corp.**

(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: **Candice Sullivan**

Name (Printed or typed)

**4802 Sextant Circle**

Address

**Boynton Beach, FL 33436**

City, State & Zip

**561-452-7808**

Daytime Telephone number

**cas\_2457@yahoo.com**

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

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2013

CANDICE SULLIVAN  
4802 SEXTANT CIRCLE  
BOYNTON BEACH, FL 33436

SUBJECT: CS SOLUTIONS CORP  
Ref. Number: W13000032300

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

13 JUN 17 PM 1:21

RECEIVED

We have received your document for CS SOLUTIONS CORP and your check(s) totaling \$78.75. 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.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 113A00013998



RECEIVED

13 JUL 22 AM 10:19

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

June 18, 2013

CANDICE SULLIVAN  
4802 SEXTANT CIRCLE  
BOYNTON BEACH, FL 33436

SUBJECT: CS SERVICES INC.  
Ref. Number: W13000032300

We have received your document for CS SERVICES INC. and your check(s) totaling \$78.75. 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.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 213A00015321

*Please see attached*

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:

CS BOOKKEEPING INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4802 Sextant Circle

Boynton Beach, FL 33436

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Bookkeeping Services

FILED  
13 JUL 22 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: Candice Sullivan/President

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

Address 4802 Sextant Circle

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

Boynton Beach, FL 33436

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

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

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

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

(cont.)

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: Candice Sullivan  
Address: 4802 Sextant Circle  
Boynton Beach, FL 33436

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Candice Sullivan  
Address: 4802 Sextant Circle  
Boynton Beach, FL 33436

FILED  
13 JUL 22 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

*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*

Candice Sullivan 03/30/2013  
Required Signature/Registered Agent 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.*

Candice Sullivan 03/30/2013  
Required Signature/Incorporator Date