

P130000066300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

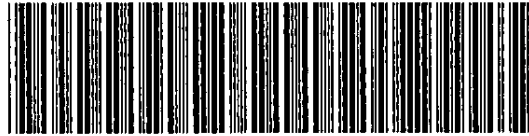
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200250306672

08/08/13--01015--006 **78.75

FILED
13 AUG -8 AM 11:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

RECEIVED

13 JUL 15 PM 2:24

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: Dollar Business 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: Scott Dollar

Name (Printed or typed)

1120 East Kennedy Blvd. #411W

Address

Tampa, Florida 33602

City, State & Zip

813-787-7062

Daytime Telephone number

scottdollar70@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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Dollar Business Solutions, Inc.

13 AUG -8 AM 11:27

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1120 East Kennedy Blvd. #411W
Tampa, Florida 33602

Mailing address, if different from principal address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of Dollar Business Solutions, Inc is to provide technology consulting and support for business.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott Dollar, President Name and Title: _____

Address: 1120 East Kennedy Blvd. Address: _____

#411 W

Tampa, Florida 33602

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

FILED

Name and Title: _____ Name and Title: 13 AUG -8 AM 11:27
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

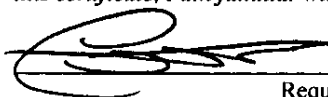
Name: Frank Carosella
Address: 14502 North Dale Mabry Hwy. Suite 200
Tampa, Florida 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott Dollar
Address: 1120 East Kennedy Blvd. #411W
Tampa, Florida 33602

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

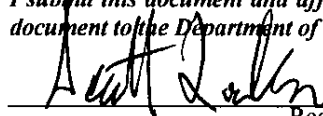


Required Signature/Registered Agent

6/25/2013

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

6/25/2013

Date