

P130000080656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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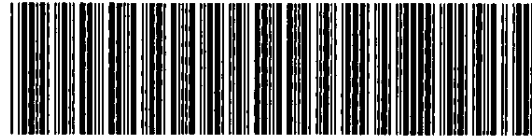
(Business Entity Name)

(Document Number)

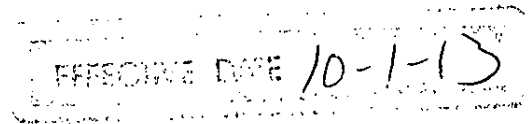
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DIVISION OF CORPORATIONS
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original

COVER LETTER

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

SUBJECT: C.E.I. 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: Kathleen A. Kelly

Name (Printed or typed)

3401 S.E. Diamond Hill Terrace

Address

Hobe Sound, Florida 33455

City, State & Zip

(561) 379-6205

Daytime Telephone number

KaKelly87@aol.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:

C.E.I. Solutions, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

3401 S.E. Diamond Hill Terrace

Hobe Sound, Florida 33455

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Mailing address, if different is:

EFFECTIVE DATE 10-1-13

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

C.E.I. Solutions, Inc. provides Consulting, Education and Implementation solutions to corporations.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathleen A. Kelly

Name and Title: _____

Address President & Treasurer

Address: _____

3401 SE Diamond Hill Terrace

Hobe Sound, Florida 33455

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 13 SEP 30 PM 1:52
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Kathleen A. Kelly
Address: 3401 SE Diamond Hill Terrace
Hobe Sound, Florida 33455

ARTICLE VII INCORPORATOR

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

Name: Kathleen A. Kelly
Address: 3401 SE Diamond Hill Terrace
Hobe Sound, Florida 33455

ARTICLE VIII Date of Incorporation: Effective October 1, 2013

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

Kathleen A. Kelly
Required Signature/Registered Agent

October 1, 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.

Kathleen A. Kelly
Required Signature/Incorporator

October 1, 2013
Date