

P13000099062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

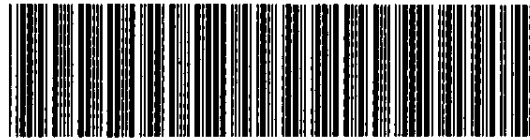
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/11/13--01016--016 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2013 DEC 11 PM 1:50

1/4

COVER LETTER

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

SUBJECT: **PC FIX 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **PC Fix Solutions, Inc**
Name (Printed or typed)
5953 Newport Village Way
Address
Lake Worth, FL 33463
City, State & Zip
561-373-8376
Daytime Telephone number
gregirvine@comcast.net
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: PC FIX Solutions, Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

5953 Newport Village Way

Lake Worth, FL 33463

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Profit

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Greg Irvine CEO

Name and Title: _____

Address 5953 Newport Village Way

Address: _____

Lake Worth, FL 33463

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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DIVISION OF CORPORATION

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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:

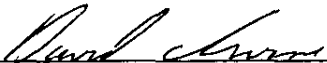
Name: David Irvine
Address: 10208 Clubhouse Turn Rd
Lake Worth, FL 33449

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Greg Irvine
Address: 5953 Newport Village Way
Lake Worth, FL 33463

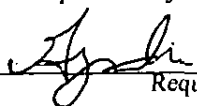
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12/7/2013

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

12/7/2013

Date