

P/4000004734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

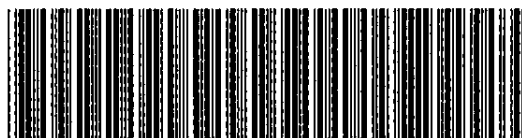
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/13/14--01012--010 **70.00

14 JAN 13 PM 3:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

h 01/17/14

COVER LETTER

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

SUBJECT: Comprehensive 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: Thomas A Dorgan
Name (Printed or typed)
1743 Bugle Terrace
Address
The Villages FL 32162
City, State & Zip
(352) 750-6108
Daytime Telephone number
tad729@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)

ARTICLE I NAME

The name of the corporation shall be: Comprehensive Business Solutions Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1743 Bugle Terrace

The Villages FL 32162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas A Dorgan

Name and Title: _____

Address 1743 Bugle Ter

Address: _____

The Villages FL 32162

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

RECORDED & INDEXED
JAN 13 PM 3:50
TALLAHASSEE, FLORIDA

(conti.)

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: Anna M Dorgan
Address: 1743 Bugle Terrace
The Villages FL 32162

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14 JAN 13 PM 3:50

ARTICLE VII INCORPORATOR

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

Name: Thomas A Dorgan
Address: 1743 Bugle Terrace
The Villages FL 32162

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

Anna Marie Dorgan
Required Signature/Registered Agent

1/11/14
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.

Thomas Dorgan
Required Signature/Incorporator

1/11/2014
Date