

P14000025839

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000069154 3)))



H140000691543ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GROUP PROBLEM SOLVERS, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

B 3/24/14

14 MAR 21 PM 2:36
FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAR 21 PM 4:01
RECEIVED
TALLAHASSEE, FLORIDA

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:

GROUP PROBLEM SOLVERS, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10160 NW 6TH ST.

PEMBROKE PINES, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 21 PM 2:36

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **TERRANCE SKIRVING**
Address: **10160 NW 6TH ST.**
PEMBROKE PINES, FL 33026
PRESIDENT

Name and Title: **MARCUS THOMPSON JR.**
Address: **10160 NW 6TH ST.**
PEMBROKE PINES, FL 33026
TREASURER

Name and Title: **LISA SKIRVING**
Address: **10160 NW 6TH ST.**
PEMBROKE PINES, FL 33026
VICE PRESIDENT

Name and Title: _____
Address: _____

Name and Title: **MARQUINA THOMPSON**
Address: **10160 NW 6TH ST.**
PEMBROKE PINES, FL 33026
SECRETARY

Name and Title: _____
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: TERRANCE SKIRVING
Address: 10160 NW 6TH ST
PEMBROKE PINES, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TERRANCE SKIRVING
Address: 10160 NW 6TH ST
PEMBROKE PINES, FL 33026

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 21 PM 2:36

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.

X _____
Required Signature/Registered Agent

3/11/14
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 3.817.155, F.S.

X _____
Required Signature/Incorporator

3/11/14
Date