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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 APR 14 PM 1:55

VH

## COVER LETTER

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

**SUBJECT: FIRST TITLE 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: STEVEN HOLLAND**

Name (Printed or typed)

**4630 SOUTH KIRKMAN RD. SUITE 22**

Address

**ORLANDO, FL 32811**

City, State & Zip

Daytime Telephone number

**extremesales2121@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)

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**ARTICLE I NAME**

The name of the corporation shall be:

**FIRST TITLE SOLUTIONS, INC.**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**4630 S. KIRKMAN RD. SUITE 22**  
**ORLANDO, FL 32811**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**QUALITY ASSURANCE**

**ARTICLE IV SHARES 10**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

**STEVEN HOLLAND**

Name and Title:

Address

**4630 S. KIRKMAN RD.**  
**ORLANDO, FL 32811S**

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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:

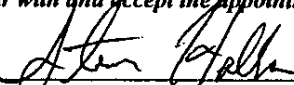
Name: STEVEN HOLLAND  
Address: 4630 S. KIRKMAN RD. Suite 22  
ORLANDO, FL 32811

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: STEVEN HOLLAND  
Address: 4630 S. KIRKMAN RD. Suite 22  
ORLANDO, FL 32811

*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

4-11-14  
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.*

  
Required Signature/Incorporator

4-11-14  
Date