

PK40000037762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

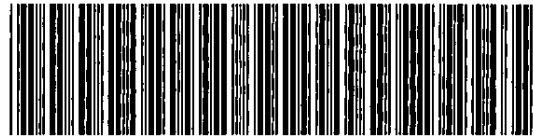
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/15/14--01008--020 **78.75

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14 APR 28 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/14-041248 CMD 4/29

COVER LETTER

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

SUBJECT: GROUP SOLUTIONS MIAMI COMPANY
(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: RICARDO MOREIRA CESAR

Name (Printed or typed)

1001 NW 45 ST # 06

Address

POMPANO BEACH, FL 33064

City, State & Zip

305-834-5734

Daytime Telephone number

ninigroth4@hotmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2014

RICARDO MOREIRA CESAR
1001 NW 45 ST., #06
POMPANO BEACH, FL 33064

SUBJECT: GROUP SOLUTIONS MIAMI COMPANY
Ref. Number: W14000024248

We have received your document for GROUP SOLUTIONS MIAMI COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 314A00008213

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 SOLUTIONS MIAMI COMPANY**

ARTICLE II PRINCIPAL OFFICE

Principal street address

1001 NW 45 ST # 06
POMPANO BEACH, FL - 33064

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **SALES AND TRANSPORTATION**

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: **2**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **RICARDO M. CESAR**

Name and Title: **PRESIDENT**

Address: **1001 NW 45 ST # 06**
POMPANO BEACH, FL
33064

Address: **SAME**

Name and Title: **MERCIA A. DA CUNHA**

Name and Title: **DIRETOR**

Address: **1001 NW 45 ST # 06**
POMPANO BEACH, FL
33064

Name and Title:

Name and Title:

Address

Address:

(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: NINI MENDES

Address: 27 NW 45 AVE # 111

DEERFIELD BEACH, FL - 33442

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NINI MENDES

Address: 27 NW 45 AVE # 111

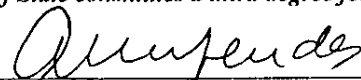
DEERFIELD BEACH, FL - 33442

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

04/24/14
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

04/24/14
Date