40003790

(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		
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04/28/14--01049--008 **87.50



COVER LETTER

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

SUBJECT: eDiscovery Solutions, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

nclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	PY REOUIRED

M٠	Anthony Johnson		
V 1.	Name (Printed or typed)		
	9645 Baymeadows Road #692		
	Address		
	Jacksonville, FL 32256		
	City, State & Zip		
	770-778-6036		
	Daytime Telephone number		
	ajohnson@ediscoverynow.net		
	E-mail address: (to be used for future annual report notification)		

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

1	ARTICLES OF IN In compliance with Chapter 607	CORPORATION nd/or Chapter 621, F.S. (Profit) CORPORATION nd/or Chapter 621, F.S. (Profit) CORPORATION 14 APP 22	
ARTICLE I NAM The name of the corporat	eDiscovery Solution shall be:	tions, Inc.	™ 101 3
ARTICLE II PRIN	VCIPAL OFFICE Principal street address	14 APR 28 PH I2: 06 Mailing address, if diffi	3
	dows Road #692	,	
Jacksonville, F	FL 32256		
"ediscovery" p	roject management to b	ovide electronic data discusionesses and individuals	, and offer
	· · · · · · · · · · · · · · · · · · ·	BEX, blogtalkradio.com, a	
	ants and small to mediu	red information in relation	to lawsuits
ARTICLE V INIT	RES 30,000,000 FIAL OFFICERS AND/OR DIRECT Anthony Johnson, Chairman and Company 19645 Baymeadows Road #6 Jacksonville, FL 32256	Name and Title: Address:	
Name and Title:		Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address			
Name and Title:		Name and Title:	
Address			

Name	and Title:	Name and Title:
Addre	ess	Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Anthony Johnson	
Address:	9645 Baymeadows Road #692	
	Jacksonville, FL 32256	
ARTICLE VI	I INCORPORATOR	
The <u>name and</u>	address of the Incorporator is:	
Name:	Anthony Johnson	
Address:	9645 Baymeadows Road #692	
	Jacksonville, FL 32256	
	named as registered agent to accept service of process I am familiar withland accept the appointment as reg	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	ran en	April 24, 2014
	Required Signature/Registered Agent	Date
	locument and affirm that the facts stated herein are to be Department of State constitutes a third degree felong	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
		April 24, 2014
	Required Signature/Incorporator	Date