

P/4000048903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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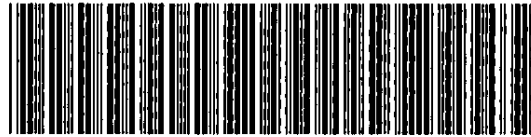
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

h 06/06/14

COVER LETTER

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

SUBJECT: **FL Solutions Group 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: **John Coldwell**

Name (Printed or typed)

4055 NE 6th Avenue

Address

Oakland Park FL 33334

City, State & Zip

954-938-4277

Daytime Telephone number

j.coldwell@ymail.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:

FL Solutions Groups Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4055 NE 6th Avenue

Oakland Park, FL 33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

Transacting any or all lawful business permitted under the laws of the United States, the State of Florida or any other state, country territory or nation.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Teresa M. Coldwell, President

Name and Title: _____

Address 5231 NE 14th Terrace
Fort Lauderdale, FL 33334

Address: _____

Name and Title: John S. Coldwell, VP

Name and Title: _____

Address 5231 NE 14th Terrace
Fort Lauderdale, FL 33334

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: John S. Coldwell
Address: 4055 NE 6th Avenue
Oakland Park, FL 33334

ARTICLE VII INCORPORATOR

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

Name: John S. Coldwell
Address: 4055 NE 6th Avenue
Oakland Park, FL

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TALLAHASSEE, FLORIDA

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

John S. Coldwell, VP 6/2/2014
Required Signature/Registered Agent 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.

John S. Coldwell, VP 6/2/2014
Required Signature/Incorporator Date