

P14000058682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

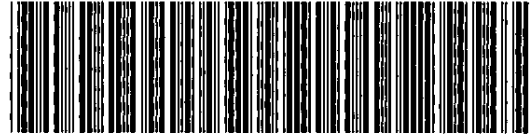
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/09/14--01015--003 **88.00

APPROVED
AND
FILED

14 JUL -9 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: GRAND PHONIX 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Christopher P. Williams
Name (Printed or typed)

1006 Avenue L
Address

Fort Pierce Florida 34950
City, State & Zip

772-626-3029
Daytime Telephone number

grandphonix01@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: **GRAND PHONIX SOLUTIONS Inc.**, 14 JUL -9 AM 11:57

ARTICLE II PRINCIPAL OFFICE

Principal street address

1609 NORTH 23rd STREET
FORT PIERCE FLORIDA 34950

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE FLORIDA

1006 AVENUE L
FORT PIERCE FLORIDA 34950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To design and create business solutions software in the following categories below.

1. corporate websites
2. design and create webcontent management software
3. security, storage, backup and availability software
4. project management forms software
5. work flow applications software

ARTICLE IV SHARES

The number of shares of stock is: **100000000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher P. Williams Chief Executive Officer

Address

1006 AVENUE L
FORT PIERCE FLORIDA 34950

Name and Title: Pamela D. Williams President

Address:

1006 AVENUE L
FORT PIERCE FLORIDA 34950

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED^(cont.)

14 JUL -9 AM 11:57

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Christopher P. Williams
Address: 1006 AVENUE L
FORT PIERCE FLORIDA 34950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher P. Williams
Address: 1006 AVENUE L
FORT PIERCE FLORIDA 34950

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

Christopher P. Williams

Required Signature/Registered Agent

7/5/2014
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.

Christopher P. Williams

Required Signature/Incorporator

7/5/2014
Date