

PL4000062806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

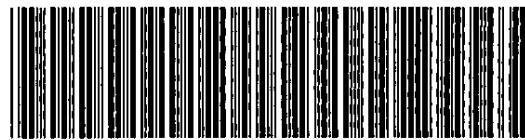
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/22/14--01005--003 \*\*70.00

14 JUL 22 PM 4:13  
SECRETARIAL STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

**SUBJECT: Treysta 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      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

**FROM: Carol F. Wasala**  
Name (Printed or typed)

**7230 16th Court NE**  
Address

**St Petersburg, Florida 33702**  
City, State & Zip

**727-560-8506**  
Daytime Telephone number

**[cawasala@treystapartners.com](mailto:cawasala@treystapartners.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: **Treysta Solutions Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7230 16th Court NE

St Petersburg, FL

33702

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Provide Business Consulting Services**

SEARCHED  
INDEXED  
SERIALIZED  
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CLERK'S OFFICE  
ST. PETERSBURG, FLA.

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **Carol F. Wasala, President** Name and Title: \_\_\_\_\_

Address: **7230 16th Court NE** Address: \_\_\_\_\_

**St Petersburg, FL 33702**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(cont.)

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: Carol F. Wasala  
Address: 7230 16th Court NE  
St Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carol F. Wasala  
Address: 7230 16th Court NE  
St Petersburg, FL 33702

*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*

Carol F. Wasala  
Required Signature/Registered Agent

7/20/14  
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.*

Carol F. Wasala  
Required Signature/Incorporator

7/20/14  
Date  
FLORIDA  
STATE  
DEPARTMENT  
OF  
THE  
ATTORNEY  
GENERAL