

P140000069590

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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B2 8/20/14



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DIVISION OF REVENUE

COVER LETTER

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

SUBJECT: Got Your 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
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 COPY REQUIRED

FROM: Arlene M. Lara
Name (Printed or typed)

13900 SW 18 St.
Address

Miami, FL 33175
City, State & Zip

(786) 290-4921
Daytime Telephone number

Gotyoursolutions@hotmail.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: Got Your Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13900 SW 18 St.

Miami, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Services & consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arlene M. Lara Name and Title: _____
President

Address _____ Address: _____

13900 SW 18 St.

Miami, FL 33175

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DIVISION OF CORPORATE AFFAIRS
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(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: Arlene M. Lara

Address: 13900 SW 18 St.

Miami, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arlene M. Lara

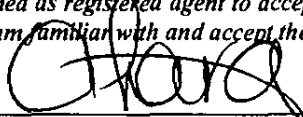
Address: 13900 SW 18 St.

Miami, FL 33175

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SECRET
DIVISION OF REVENUE
TAXPAYER SERVICE

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

8/11/14

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

8/11/14

Date