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(Business Entity Name)

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2014 SEP 15 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 17 2014  
S. GILBERT

## COVER LETTER

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

**SUBJECT:** Business Solutions Services, 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:** Edward Niebruegge

Name (Printed or typed)

5260 S Landings Drive, #703

Address

Fort Myers, FL

City, State & Zip

239 437-1127

Daytime Telephone number

EddieN1@Comcast.net

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:

**Business Solutions Services, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**5260 S Landings Drive**

**Unit 703**

**Fort Myers, FL 33919**

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Management Consulting**

**ARTICLE IV SHARES**

The number of shares of stock is:

**1,000**

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

Name and Title: **Edward Niebruegge, President**

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

Address

**5260 S Landings Drive**

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

**Unit 703**

**Fort Myers, FL 33919**

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

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

Address

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

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

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

Address

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

(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: Edward Niebruegge

Address: 5260 S Landings Dr., #703

Fort Myers, FL 33919

**ARTICLE VII INCORPORATOR**

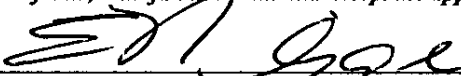
The name and address of the Incorporator is:

Name: Edward Niebruegge

Address: 5260 S Landings Dr., #703

Fort Myers, FL 33919

*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

9/15/2014

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.*

  
Required Signature/Incorporator

9/15/2014

Date