

P14 600083050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

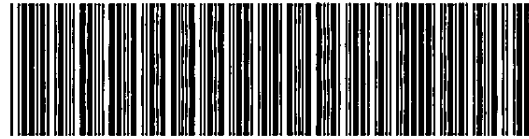
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/06/14--01013--015 **70.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
14 OCT -6 PM 2:28

10/8/14

COVER LETTER

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

SUBJECT: **Betta 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: **Edward T. Nelson**

Name (Printed or typed)

5310 N.W. 49th Terrace

Address

Tamarac, FL 33319

City, State & Zip

(954) 650-7128

Daytime Telephone number

proshoped@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)

ARTICLE I NAME

The name of the corporation shall be: Betta Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5310 N.W. 49th Terrace

Tamarac, FL 33319

Mailing address, if different is:

5310 N.W. 49th Terrace

Tamarac, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional classroom instruction for the Construction Industry.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward T. Nelson President

Name and Title: _____

Address 5310 N.W. 48th Terrace

Address: _____

Tamarac, FL 33319

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: Edward T. Nelson

Address: 5310 N.W. 49th Terrace

Tamarac, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edward T. Nelson

Address: 5310 N.W. 49th Terrace

5310 N.W. 49th Terrace

Tamarac, FL 33319

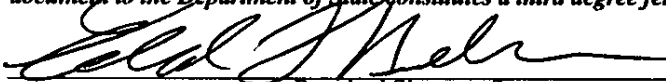
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/1/14
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

10/1/14
Date