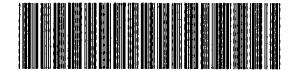
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Office Use Only

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## **COVER LETTER**

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

SUBJECT:	THE WRITE SOURCE	CE, INC.	
· ———	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
	· · · · · · · · · · · · · · · · · · ·		
□ \$70.00	<b>№</b> \$78.75	□ \$78.75	□ \$87.50
	Filing Fee	Filing Fee	Filing Fee,
_	& Certificate of Status	& Certified Copy	Certified Copy
		-	& Certificate of
·			Status
		ADDITIONAL CO	OPY REQUIRED
		<u> </u>	
		_	•
FROM:	JUAN CARU	OS BLANCO (Printed or typed)	
	Name	(Printed or typed)	<del></del>
	15439 SW	99TH LANE Address	
		Address	
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	MIMI F	TORIOA 33196 State & Zip	
	City,	State & Zip	<del></del>
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	786-32		
	Daytime T	elephone number	
	1.11. 2	2 ( ) walnan ( an	•
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2014

JUAN CARLOS BLANCO 15439 SW 99TH LANE MIAMI, FL 33196

SUBJECT: THE WRITE SOURCE, INC.

Ref. Number: W14000062337

We have received your document for THE WRITE SOURCE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 314A00021869

New Filing Section

# **COVER LETTER**

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

	WRITE CONCEPT THE WRITE SOURCE	5, INC-	
SUBJECT:	THE WRITE SOURCE	G. INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
□ <b>\$70.00</b>	<b>▼</b> \$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		[	& Certificate of
			Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	JUAN CARU	os BLANCO (Printed or typed)	
	, white	(i i inited or typed)	
	15439 SW	99TH LANE	
<del></del>		Address	
	AA. AAA. G	100 INA 33191	
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	ichlanco – 2 E-mail address: (to be used	2 a vahoo. com	1
~	E-mail address: (to be used	d 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)

The name of the corporati	<u>e.</u> on shall be:	THE	WRITE	OURCE, INC.	WRITE	CON	ICEPI	rs, INC.
ARTICLE II PRIN	, Mailir	Mailing address, if different is:						
15439 51	99-4	IANE				三连	+	
						75 mi	<del>_</del>	Marie M
MIAMI FL	DRIDA 33	196	<del></del> -			33	· <u>u</u>	- Annie Marie
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ARTICLE III PURP	OSE		in To Per	ounce learnesses	NIA COOL	95	بې (	المهرية
The purpose for which th	e corporation is	organized	118: 10 1	- The ession	. OF 10 COF 7	<u>D</u> m	7	
SEEVILES FOR	A VAME	TY OF	DIPTEDENT	Soveces.	·····	7.5		<del></del>
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ARTICLE IV SHAF	RES							
The number of shares of s	tock is:	/						
ARTICLE V INITI	IAL OFFICER	S AND/C	OR DIRECTOR	<u>s</u>				
Nome and Title	THAN CA	LOS BL	ANGO PRESIA	Name and Tide				
Name and Thie;	70.44 0.20		<del>******</del>	Name and Title:				
Name and Title:	15439 SU	N 9977	4 lane	_ Address:				
			4 33196					
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Name and Title:_		<del></del>		Name and Title:				
Address				Address:				
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Name and	Title:	Name and Title:				
Address		Address:		50 50 50	14 NOV	
			<del></del>	SSVE	) <del>V</del> -3	1 8
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered agent	is:	OF STATE EE, FLORIDA	AH 9: 32	
Name:	LETICIA OÑATE					
Address:	15439 SW 99TH LANE					
-	15439 SW 99TH LANE MIMI, FLORIDA 33196					
ARTICLE VII	NCORPORATOR					
The name and addi	ress of the Incorporator is:					
Name:	JUAN CARLOS BLANCO					
Address:	TVAN CARLOS BLANCO 15439 SW 99TH LANE MIAMI, FLORIDA 33196					
	MIAMI, FLORIDA 33/96					
Having been named this certificate, I am	d as registered agent to accept service of process familiar with and accept the appointment as reg	for the above stated istered agent and ag	ree to act in this	capacity	J	
	Required Signature/Registered Agent		10	7 / 7 / ) Date	<u>y</u>	
	nent and affirm that the facts stated herein are to partment of State constitutes a third degree felony			mation si	ıbmitte	d in a
Ju	n Carlos Blanco Required Signature/Incorporator			10)7	114	
	rioquited Digitalist medipolator			, Da	r	