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TALLAHASSEE, FLORIDA

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COVER LETTER

ORIGINAL

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

SUBJECT: TeleSolv Consulting Inc per customer  
(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: David Vincent  
Name (Printed or typed)

Miami Business Tower, 175 SW 7th St, Suite 1900  
Address

Miami, Florida 33130  
City, State & Zip

(202) 669.2382  
Daytime Telephone number

david.vincent@telesolvconsulting.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: TeleSolv Consulting Inc per custom

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Miami Business Tower

175 SW 7th Street, Suite 1900

Miami, Florida 33130

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide business performance,  
management consulting, and information management services to  
public and commercial organizations.

**ARTICLE IV SHARES**

The number of shares of stock is: 10 per custom

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

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

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

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

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

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

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

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(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: Business Filings Incorporated  
Address: 515 E. Park Avenue  
Tallahassee, Florida 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Vincent (TeleSolv Consulting)  
Address: Miami Business Tower, 175 SW 7th St, STE 1900  
Miami, Florida 33130

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

Wanya Spalinger, Asst. Secretary  
Required Signature/Registered Agent

12-8-14  
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.

David Vincent  
Required Signature/Incorporator

12.01.2014  
Date