## P15000004467

(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

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SECRETARY OF STATE
DIVISION OF CORPORATION:

01/16/15

## **COVER LETTER**

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

SUBJECT:	Global Strategic Solutions,				
<del></del>	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
	H. Iris Bond				
23	Name 301 SW 37th Street	e (Printed or typed)			
		Address			
O	cala, Florida 34471				
<del></del>	City,	State & Zip	· · · · · · · · · · · · · · · · · · ·		
35	2-875-7895				

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

bmgmarketing@icloud.com

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	NCIPAL OFFICE		
Principal street address 1558 SW 7th Road Ocala, Florida 34474		Mailing address, if different is: P. O. Box 4230	
		Ocala, Florida 344	Ocala, Florida 34471
ARTICLE III PUR The purpose for which to provide integrated and medical sectors	the corporation is organized is:d marketing communications	primary purpose of the corporand management services to	
he number of shares of	ARES 500 Shares stock is:    FIAL OFFICERS AND/OR DIRE		SION OF CORPORATIONS  JAN 14 PM 4: 20
Name and Title	H. Iris Bond	Name and Title:Address:	
		Name and Title:	
Name and Title:	1954 SE 88th Street Ocala, Florida 34480	Address:	

Name ar	nd Title:	Name and Title:	
Address	S	Address:	
ARTICLE VI The name and F	REGISTERED AGENT Storida street address (P.O. Box NOT accepta	able) of the registered agent is:	
<b>N</b> I	H. Iris Bond		
Name: Address:	2301 SW 37th Street		
	Ocala, FL 34471		0V
ARTICLE VII	INCORPORATOR	X.	SECRETA VISION OF
The name and a	ddress of the Incorporator is:		
Name:	Tommy Adair		PM 4: 2
Address:	1954 SE 88th Street		ATION ATION
	Ocala, FL 34480		
this certificate	med as registered agent to accept service of p am familiar with and accept the appointment Required Signature/Registered Agen	as registered agent and agree to d	act in this capacity  12/3/2016
I submit this doc document to the	cument and affirm that the facts stated herei Department of State constitutes a third degree	in are true. I am aware that the j e felony as provided for in s.817.1.	false information submitted in a 55, F.S.
	Jones Steff		/-/3-/5 Date
	Required Signature/Incorporator		Date