P15000004985

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 IN 15 PM 1: 35

n 01/20/15

COVER LETTER

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

SUBJECT:	Solutions, Inc		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM: Ja	ack Evans	e (Printed or typed)	
_1	447 Keats Ave		
<u>N</u>	aperville, IL 6050		
6	30-904-5254	, State & Zip	
	•	Telephone number	
_ <u>j</u> e	evans@speedInk.co E-mail address: (to be use	om ed 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 corpora		olutions	FL, Inc		
	NCIPAL OFFICE Principal street address		Mailing address, if different is:		
4039 Florama	··········	 			
New Port Ric	hey, FL 43652				
	POSE he corporation is organized is: the market as backup solutions, firev				
appliances etc	to businesses, schools, o	colleges ar	nd universities and c	iţy	
county GOV a	accounts.		<u>Q</u>	SEVICE	
			2	器	
		······································			
			3	문 <u>수</u>	
 	The state of the s			RATA	
	rial officers and/or director :Jack Evans - Pres/Secty		Jill Evans - VP/Tre	as	
Address	4039 Floramar Ter	Address:	4039 Floramar Ter		
	New Port Richey, FL 34652	-	New Port Richey, FL 34	1652	
Name and Title:		Name and Title	:		
Address		Address:			
Name and Title:		Name and Title	•		
Address		Address:	•		

Name an	d little:	Name and Title:		
Address		Address:		
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Jack Evans			
Address:	4039 Floramar Terrace			2
	New Port Richey, FL 34652		S JAN	SECRE
ARTICLE VII	INCORPORATOR		15 PM	FILED
The name and ad	dress of the Incorporator is:		- <u></u>	ST
Name:	Jack Evans		4: 9 5	E.E.
Address:	4039 Floramar Terrace			
	New Port Richey, FL 34652			
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporat istered agent and agree to act	ion at the place designal in this capacity	ted in
Jack Exam			01/09/2015	
Required Signature/Registered Agent			Date	
I submit this document to the I	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the fals o as provided for in s.817.155,	se information submitted F.S.	l in a
Sach Esterio			01/09/2015	
	Required Signature/Incorporator		Date	