

P/50000/4517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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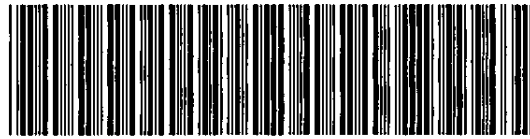
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
15 FEB - 6 PM 4:30

02/12/15

COVER LETTER

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

SUBJECT: SOURING AND Supply 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: PETER GOMEZ
Name (Printed or typed)

30530 SW 149 AVE.
Address

Homestead, Florida 33033
City, State & Zip

305-972-1340
Daytime Telephone number

PETERGOMEZA@AOL.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: Sourcing AND Supply Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

30530 SW 149 AVE
Homestead, Florida 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sourcing AND Supply of Equipment, parts, Supplies.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Peter Gomez President

Name and Title:

Address

30530 SW 149 AVE
Homestead, FL 33033

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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(conti.)

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: PETER GOMEZ
Address: 30530 SW 149 AVE.
HOMESTEAD, FLORIDA 33033

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PETER GOMEZ
Address: 30530 SW 149 AVE
HOMESTEAD, FLORIDA 33033

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

12-18-14
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

12-18-14
Date