

P15000019914

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

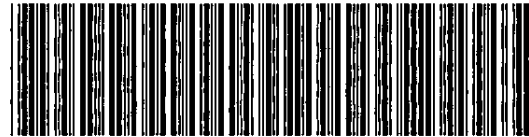
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/20/15--01035--004 \*\*78.75

FILED  
15 FEB 27 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WAS-12735

## COVER LETTER

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

SUBJECT: Capital Management 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Barbara Tinkle  
Name (Printed or typed)  
9995 Gate Parkway N., Suite 400  
Address  
Jacksonville, FL 32246  
City, State & Zip  
904-996-8800  
Daytime Telephone number  
barbrat@iterausa.com  
E-mail address: (to be used for future annual report notification)

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

**CAPITAL MANAGEMENT SOLUTIONS, INC.**

9995 Gate Parkway N.

Suite 400

Jacksonville, FL 32246

T 904.996.8800 F 904.996.8805

[barbrat@iterausa.com](mailto:barbrat@iterausa.com)

February 27, 2015

UPS # 1ZE1995X0196549210

FL Division of Corporations  
Registration Section  
ATTN: Jessica A. Fason  
2661 Executive Center Circle  
Clifton Bldg.  
Tallahassee, FL 32301-5020

Re: New filing rejection **W15000012735**  
**Capital Management Solutions, Inc.**

Dear Ms. Fason,

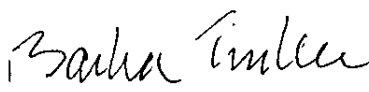
It was nice speaking with you earlier today. I am returning the filing for Capital Management Solutions, Inc. because of the inability to make out the number & type of shares under Article IV SHARES. I have typed in the correct number and type of shares for the corporation.

As we discussed, I am also returning the rejection letter inadvertently sent to me, but meant for Creative Breakthrough Studios, Inc.

Please provide me with a copy of the corrected filing and return to me in the enclosed stamped, self-addressed envelope.

Thank you.

Sincerely,

  
Barbra Tinkle  
Legal Assistant

RECEIVED  
15 FEB 27 PM 4:20  
FACILITY

**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: Capital Management Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9995 Gate Parkway N.

Suite 400

Jacksonville, FL 32246

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: As a for-profit corporation designated to do business in the State of Florida for any lawful purposes.

→ 1,000 shares of Class A voting common stock & 1,000 shares of non-voting common stock

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 shares of Class A voting common stock & 1,000 shares of Class B non-voting common

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

Name and Title: Raissa M. Frenkel, Pres.

Name and Title: Steven C. Koegler, V.P

Address: 9995 Gate Parkway N.

Address: 9995 Gate Parkway N.

Ste. 400

Ste. 400

Jacksonville, FL 32246

Jacksonville, FL 32246

Name and Title: Lisa M. Kavalieros, Sect.

Name and Title: William E. Chattin, Tres.

Address: 9995 Gate Parkway N.

Address: 9995 Gate Parkway N.

Ste. 400

Ste. 400

Jacksonville, FL 32246

Jacksonville, FL 32246

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

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

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

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

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15 FEB 27 AM 11:4  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

JAN 13 1990

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:

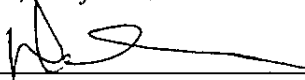
Name: Daniel B. Nunn, Jr. - Attorney  
Address: 50 N. Laura Street, Ste. 2850  
Jacksonville, FL 32202

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

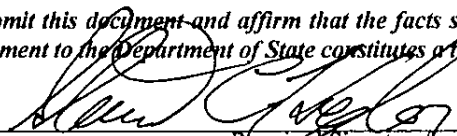
Name: Steven C. Koegler  
Address: 9995 Gate Pkwy N. Ste 400  
Jacksonville, FL 32246

*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

2/19/2015  
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

2/19/2015  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA