

P15000032789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

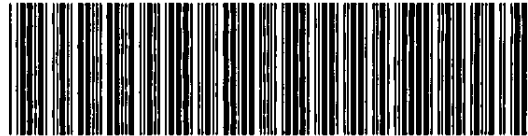
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILING CANCELLED  
RETURNED CHECK

04/07/15--01025--011 \*\*70.00

FILED

15 APR -7 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/10/15

## COVER LETTER

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

SUBJECT: **C.I.T 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: **George Maldonado**

Name (Printed or typed)

**647 NW 90 terrace**

Address

**Plantation Florida 33324**

City, State & Zip

**954-529-8430**

Daytime Telephone number

**gm@citsolutions.us**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FILING CANCELLED  
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**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: C.I.T Solutions Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

647 NW 90 terrace

Plantation Florida 33324

Mailing address: If different

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TALLAHASSEE, FLORIDA

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Sales and services of global networks and mobility products

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: George Maldonado President

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

Address: 647 NW 90 terrace

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

Plantation Florida 33324

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

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

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

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

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

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

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

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

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RETURNED CHECK

(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: Fred Guzman  
Address: 3711 Starboard ave  
Hollywood Florida 33026

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

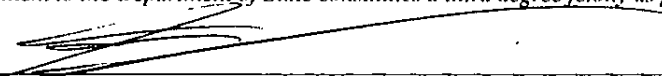
Name: George Maldonado  
Address: 647 NW 90 terrace  
Plantation Florida 33324

*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

3-27-2015  
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

3-27-2015  
Date

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