

PIS0000034166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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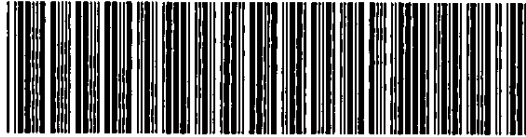
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/13/15--01035--007 **78.75

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15 APR 13 PM 1:57
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **PC Solutions of Central Florida, 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: **Adrian Cooling**
Name (Printed or typed)
104 Brookgreen Way
Address
DeLand, FL 32724
City, State & Zip
904-962-1599
Daytime Telephone number
contactus@pcsolutionscorp.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:

PC Solutions of Central Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

104 Brookgreen Way

Deland, FL 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide in-home and business computer

services either on-premises or remotely, charging less than all major

competitors in the PC services field while maintaining more rapid turn-around

time and more of a customer satisfaction driven focus.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

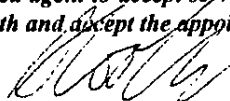
Name: Adrian Cooling
Address: 104 Brookgreen Way
DeLand, FL 32724

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adrian Cooling
Address: 104 Brookgreen Way
DeLand, FL 32724

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

4/7/2015

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

4/7/2015

Date

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