

P15000034424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

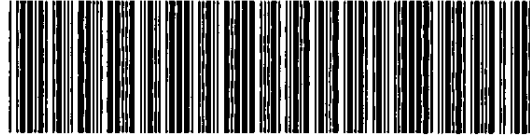
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/13/15--01012--007 **70.00

15 APR 13 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

✓/4

COVER LETTER

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

SUBJECT: **FINITE 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: **Masaka Lingl**

Name (Printed or typed)

1498 NE 34 ST

Address

OAKLAND PARK, FL. 33334

City, State & Zip

954-540-6267

Daytime Telephone number

finitesolutionsinc@gmail.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: **FINITE SOLUTIONS INC.**

15 APR 13 AM 7:28

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different, is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1498 NE 34TH ST
OAKLAND PARK,
FL. 33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **FOR PROFIT SMALL BUSINESS REAL ESTATE SERVICES AND ENTREPRENEURSHIP.**

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MASAKA LINGL OWNER**

Name and Title: _____

Address: **1498 NE 34 ST**

Address: _____

OAKLAND PARK, FL 33334

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: 15 APR 13 AM 7:28
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:


Name: MASAKA LINGL
Address: 1498 NE 34 ST
OAKLAND PARK FL 33334

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

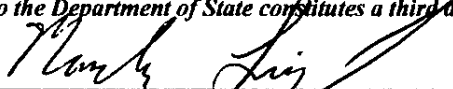
Name: MASAKA LINGL
Address: 1498 NE 34 ST
OAKLAND PARK, FL 33334

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

04/07/2015
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

04/07/2015
Date