P15000067000

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALL AHASSEE, FLORID.

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Office Use Only

COVER LETTER

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

SUBJECT:

	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d 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 CO	OPY REQUIRED
FROM:	Mark St. Th	OM45 e (Printed or typed)	· · ·
	1225 NW 49	Place	
	Sunrise FL City,	33351 State & Zip	
	· · · · · · · · · · · · · · · · · · ·	- 1	

Simple Solution, Inc.

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

marks+thomas 84-Qamail. Com
E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2015

MARK ST THOMAS 9225 NW 49 PLACE SUNRISE, FL 33351

SUBJECT: SIMPLE SOLUTION, INC.

Ref. Number: W15000044826



We have received your document for SIMPLE SOLUTION, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P00000112940, SIMPLE SOLUTIONS, INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown Regulatory Specialist II

Letter Number: 715A00013816

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Simple Solution	Pressure	Washing Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address		dress, if different is:
9225 NW 49 Place	Sa	me
Sunrise, FL 33351		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and The State of Florida.	all law	ful purposes
		7015
		ECAETAR LLAMAS
	1	SA C
ARTICLE IV SHARES The number of shares of stock is:		ANIO: 25
Name and Title: Mark St. Thomas, Name	reas.	
Name and Title: Mark 37: Thomas, Name Address 9225 NW 49 Place Address		
Sunrise FL 33351		
Name and Title Juliana Restrepo V.P. 45	e and Title:	
Address 9225 NW 49 PlaceAddress Sunrise FL 33351	ress:	
<u>Sunfise</u> FL 33381		
		
Name and Title:	e and Title:	
Address	ress:	
`		

Name and Title:	Name and Title:	
Address	Address:	
/		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT	VT accontable) of the registered agent is:	
است: ٨	omas	
41.40		
Address.	33023	
Miramar, FL	_ 33089	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
1 Mark S+Th	omas	
Name: 0.225 NIVI 49	<u> </u>	
Address: 4405 NW FT	1 1/ace	
Sunvise F	-L 33351	
ARTICLE VIII EFFECTIVE DATE:	~~	
Effective date, if other than the date of filing:	. (OPTIONAL)	
(If an effective date is listed, the date must be speci days after the filing.)	cific and cannot be more than five business days prior or	· 90 business
Note: If the date inserted in this block does not meet	t the applicable statutory filing requirements, this date will r	not be listed as
the document's effective date on the Department of St		
Having been named as registered agent to accept ser	rvice of process for the above stated corporation at the place	ce designated in
	pointment as registered agent and agree to act in this capaci	
Johnne St. Thomas	<u>- 81-</u>	H2015
Required Signature/Registe	ered Agent D	Date
I submit this document and affirm that the facts stated cument to the Department of State constitutes a thin	ated herein are true. I am aware that the fulse information ird degree felony as provided for in s.817.155, F.S.	1 submitted in a
M. GNP THE	2/4	1/2015
Required Signature/Incorporator	011	Date