

PIS000071165

(Requestor's Name)

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(City/State/Zip/Phone #)

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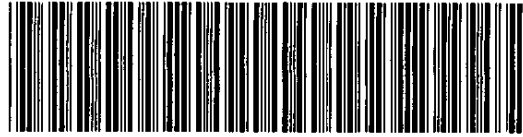
(Business Entity Name)

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AUG 28 2015  
W PAINTER

## COVER LETTER

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

**SUBJECT:** Plan B Technical Services, 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:** Brad Olsen  
\_\_\_\_\_  
Name (Printed or typed)  
  
1426 SW Alligator St.  
\_\_\_\_\_  
Address  
  
Palm City, Florida, 34990  
\_\_\_\_\_  
City, State & Zip  
  
(772) 341-0003  
\_\_\_\_\_  
Daytime Telephone number  
  
brad@planbttec.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: Plan B Technical Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
1426 SW Alligator St.

Palm City, Florida, 34990

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Engineering and design of mechanical systems

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brad Olsen, President

Address: 1426 SW Alligator St.  
Palm City, Florida, 34990

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

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

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

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

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

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

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

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

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

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

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SECRETARY OF STATE  
ALLIANCE

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: Brad Olsen  
Address: 1426 SW Alligator St.  
Palm City, Florida, 34990

**ARTICLE VII INCORPORATOR**

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

Name: Brad Olsen  
Address: 1426 SW Alligator St.  
Palm City, Florida, 34990

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/18/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Brad Olsen BRAD OLSEN 8/18/2015  
Required Signature/Registered Agent 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.*

Brad Olsen BRAD OLSEN 8/18/2015  
Required Signature/Incorporator Date