

P15000082345

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(Business Entity Name)

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EFFECTIVE DATE
9-29-15

FILED
2015 OCT -5 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 6 2015

COVER LETTER

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

SUBJECT: Emerging Business Solutions, Incorporated

(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: Robert A. Strini

Name (Printed or typed)

1035 Old Pond Rd

Address

DeLand, FLORIDA, 32724

City, State & Zip

757-218-2621 M, 386-624-6537 O

Daytime Telephone number

bob.strini@ebs-inc.org

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

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



RECEIVED

15 OCT -5 PM 12:19

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 22, 2015

ROBERT A. STRINI
1035 OLD POND RD
DELAND, FL 32724

SUBJECT: EMERGING BUSINESS SOLUTIONS, INCORPORATED
Ref. Number: W15000062845

We have received your document for EMERGING BUSINESS SOLUTIONS, INCORPORATED and your check(s) totaling \$87.50. 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 L03000035142.

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: 415A00019964

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: Emerging Business Solutions, Incorporated ^{GROUP}

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1035 Old Pond Rd

DeLand, FL 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and ALL Lawful Business.

~~To conduct consulting and advisement in business and technical operations for commercial and government markets.~~

EFFECTIVE DATE

9-29-15

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert A. Strini, President

Name and Title: _____

Address 1035 Old Pond Rd

Address: _____

DeLand, FL 32724

Name and Title: Robert A. Strini, Treasurer

Name and Title: _____

Address 1035 Old Pond Rd

Address: _____

DeLand, FL 32724

Name and Title: Robert A. Strini, Secretary

Name and Title: _____

Address 1035 Old Pond Rd

Address: _____

DeLand, FL 32724

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: Robert A. Strini _____

Address: 1035 Old Pond Rd _____

DeLand, FL 32724 _____

ARTICLE VII INCORPORATOR

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

Name: Robert A. Strini _____

Address: 1035 Old Pond Rd _____

DeLand, FL 32724 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: ²⁹September, 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

Robert A. Strini

Required Signature/Registered Agent

9 September, 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.

Robert A. Strini

Required Signature/Incorporator

9 September, 2015

Date