

PI5000083004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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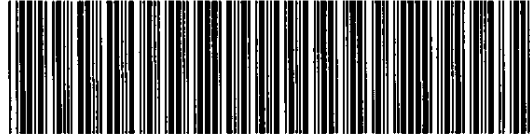
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 OCT -2 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 8 2015

T. BROWN

COVER LETTER

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

SUBJECT: Professional Software Innovations, 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: Joseph Hicks

Name (Printed or typed)

1637 Souvenir Drive

Address

Clearwater, FL 33755

City, State & Zip

727-612-8052

Daytime Telephone number

joe.ah@att.net

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: Professional Software Innovations, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1637 Souvenir Drive

Clearwater, FL 33755

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business allowed in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Hicks, President

Name and Title: _____

Address 1637 Souvenir Drive

Address: _____

Clearwater, FL 33755

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Joseph Hicks
Address: 1637 Souvenir Drive
Clearwater, FL 33755

ARTICLE VII INCORPORATOR

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

Name: Joseph Hicks
Address: 1637 Souvenir Drive
Clearwater, FL 33755

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/15/2015. (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

✓ 
Required Signature/Registered Agent

09/05/2015
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

09/05/2015
Date