

P15000100238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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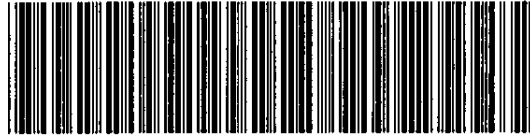
(Business Entity Name)

(Document Number)

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15 DEC 11 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** PRO-BOOKS 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:** CYNTHIA PIETRONIRO

Name (Printed or typed)

2721 Via Murano, Unit 325

Address

Clearwater Florida 33764

City, State & Zip

727-278-0320

Daytime Telephone number

cynthia.pietroniro@yahoo.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: PRO-BOOKS SOLUTIONS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2721 Via Murano

Unit 325

Clearwater Florida 33764

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: As seasoned professionals to offer and provide bookkeeping services,  
full payroll services and respective state and federal periodic reportings, sales tax scheduling and reporting on monthly quarter  
quarterly, monthly or trimester reporting and organize and update accounting data. Offer translation services in English,  
French, Italian and Spanish. Offer services for initial research in market studies.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Common Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cynthia Pietroniro, Pres, V-Pres., Sec-Tre

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

Address

2721 Via Murano

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

Unit 325

Clearwater, Florida 33764

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

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

Address

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

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

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

Address

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

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STATE OF FLORIDA  
TALLAHASSEE

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: Cynthia Pietroniro \_\_\_\_\_

Address: 2721 Via Murano Unit 325 \_\_\_\_\_

Clearwater Florida 33764 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Cynthia Pietroniro \_\_\_\_\_

Address: 2721 Via Murano Unit 325 \_\_\_\_\_

Clearwater Florida 33764 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12-01-2015 (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.

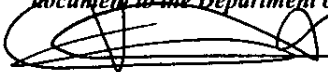
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

12/02/15  
\_\_\_\_\_  
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

12/02/15  
\_\_\_\_\_  
Date