

P 160000019182

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/03/16--01004--019 **70.00

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16 FEB 24 PM 2:03

RECEIVED STATE
RECORDS DIVISION

3/2/16

COVER LETTER

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

SUBJECT: _____

IB Solutions

(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: _____

Israel D. Balzan

Name (Printed or typed)

13135 Ashington Pointe Drive

Address

Orlando, FL 32824-4302

City, State & Zip

786-200-2486

Daytime Telephone number

zontre@gmail.com

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

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

16 FEB 24 PM 2:03

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

16 FEB 24 PM 2:03

REGISTRY OF STATE
TALLAHASSEE, FLORIDA

February 15, 2016

ISRAEL D. BALZAN
13135 ASHINGTON POINTE DRIVE
ORLANDO, FL 32824-4302

SUBJECT: IB SOLUTIONS
Ref. Number: W16000011267

We have received your document for IB SOLUTIONS 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 916A00003151

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16 FEB 24 AM 10:28
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be: IB Solutions Corp.

16 FEB 24 PM 2:03

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4267 S. Semoran Blvd. Apt. 12

Orlando, FL 32822

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction Services - General
Construction

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Israel D. Balzan

Name and Title: _____

Address

President

Address: _____

4267 S. Semoran Blvd. #12

Orlando, FL 32822

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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: Israel B. Balzan
Address: 4267 S. Semoran Blvd. #12
Orlando, FL 32822

ARTICLE VII INCORPORATOR

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

Name: Israel B. Balzan
Address: 4267 S. Semoran Blvd. #12
Orlando, FL 32822

FILED
16 FEB 24 PM 2:04
RECEIVED
FEB 24 2016

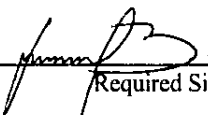
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

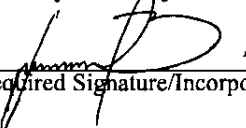
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

02-22-2016
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

02-22-2016
Date