

P160000019997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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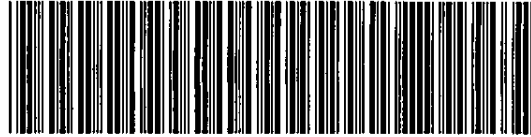
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/29/16--01008--006 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1116-10879

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COVER LETTER

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

SUBJECT: Strategic Managed 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 ☒ \$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: Jorge L. Sanchez

Name (Printed or typed)

13960 sw 158 street

Address

miami, fl 33177

City, State & Zip

305-984-0693

Daytime Telephone number

SMS@Strategicmanagedsolutions.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2016

JORGE L. SANCHEZ
13960 S.W. 158TH STREET
MIAMI, FL 33177

SUBJECT: STRATEGIC MANAGED SOLUTIONS
Ref. Number: W16000010879

We have received your document for STRATEGIC MANAGED SOLUTIONS and your check(s) totaling \$78.75. 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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 416A00003031

COVER LETTER

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

SUBJECT: Strategic Managed 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
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& Certified Copy Certified Copy
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ADDITIONAL COPY REQUIRED

FROM: Jorge L. Sanchez

Name (Printed or typed)

13960 sw 158 street

Address

miami, fl 33177

City, State & Zip

305-984-0693

Daytime Telephone number

SMS@Strategicmanagementsolutions.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: Strategic Managed Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13960 sw 158 street

Miami, Fl 33177

Mailing address, if different is:

13960 sw 158 street

Miami, Fl 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Offer IT Services to local business

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adela Bartels P

Address: 14388 sw 95 terrace

Miami, Fl 33186

Name and Title: Jorge I. Sanchez CEO

Address: 13960 sw 158 street

Miami, FL 33177

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Jorge L. Sanchez
Address: 13960 sw 158 street
Miami, Fl 33177

ARTICLE VII INCORPORATOR

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

Name: Jorge L. Sanchez
Address: 136960 sw 158 street
Miami, Fl 33177

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TALLAHASSEE, FLORIDA

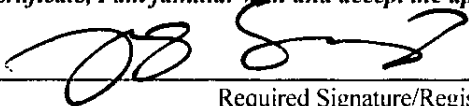
ARTICLE VIII EFFECTIVE DATE:

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

10/26/2015

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

10/26/2015

Date