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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

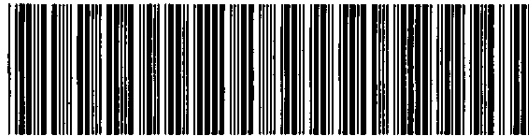
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W15-16289

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR -4 PM 4:50

FILED

OK 4/16

## COVER LETTER

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

**SUBJECT:** Case Business Solutions Corp

(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:** Rosana Alves

Name (Printed or typed)

5950 Lakehurst Dr suit # 282

Address

Orlando, FL 32819

City, State & Zip

(614) 787 1872 - all time

Daytime Telephone number

case.business@mail.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

October 6, 2015

ROSANA ALVES  
5950 LAKEHURST DR STE 282  
ORLANDO, FL 32819

SUBJECT: CASE BUSINESS SOLUTIONS CORP  
Ref. Number: W15000066289

RECEIVED  
16 MAR 11 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CASE BUSINESS SOLUTIONS CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 515A00021077

For more information, please visit our website at [www.sunbiz.org](http://www.sunbiz.org).  
If you have any questions, please call (850) 245-6052.  
Thank you for your business.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2016

ROSANA ALVES            2ND ML  
5950 LAKEHURST DR STE 282  
ORLANDO, FL 32819

SUBJECT: CASE BUSINESS SOLUTIONS CORP  
Ref. Number: W15000066289

RECEIVED  
16 APR -4 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CASE BUSINESS SOLUTIONS CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Tim Burch  
Regulatory Specialist II

Letter Number: 515A00021077

**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: Case Business Solutions Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5950 Lakehurst Dr suit#282

Orlando, FL 32819

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: all business involved

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Rosana Alves, Director

Name and Title: Andre Luiz Torres Mota, Assitant Dir

Address 5950 Lakehurst Dr suit #282

Address: 5950 Lakehurst Dr suit 282

Orlando, FL 32819

Orlando, FL 32819

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
16 APR -4 PM 4:50  
SECRETARY OF STATE  
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: Rosana Alves  
Address: 5950 Lakehurst Dr suit #282  
Orlando, FL 32819

**ARTICLE VII INCORPORATOR**

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

Name: Duc Ma  
Address: 1728 Rachel's Ridge Loop  
Orlando, FL 32819

FILED  
16 APR -4 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/30/16 (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*

Rosana Alves 09/23/2015  
Required Signature/Registered Agent 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.*

Duc Ma 3/30/16  
Required Signature/Incorporator Date