P/600019355

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000286035790

06/01/16--01026--022 **78.75



JUN __ 2016

S. GILBERT



Gail A. Lane gal@lbpcglobal.com

May 31, 2016

FedEx Overnight

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: BizSolve Solutions, Inc.

Dear Sir or Madam,

Enclosed please find Articles of Incorporation for BizSolve Solutions, Inc. Enclosed please find a check in the amount of \$78.75 representing payment for the filing fee and certified copy.

Should you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours

Gail A. Lane

GAL/ism

Enclosures

COVER LETTER

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

SUBJECT: /	Siz Jolve Solutions, lu	LC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
	Gail A. Lane		
	5501 LBJ FWY., 5	Suite 800 Address	
	Dallas, Tx 7520 City	State & Zip	
	(972) 233 - 811 Daytime 7	5 Telephone number	
	E-mail address: (to be use	calobal.com	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)

16 JUN - 1 PM 3: 15

RTICLE I NAM! he name of the corpor		() 12 - WO		luc.	<u> </u>		- 32.7
RTICLE II PRIN	CIPAL OFFICE Principal street	? t address	•	Mailing ad	dress, if di		SSFL FLO
B198 Jog Boynton B.	Rd., Sui	103					
•	•	33412	-			<u> </u>	
IRTICLE III PURP The purpose for which	tpe corboration :	is organized is:					
							 -
	*****				·		
						<u> </u>	
		<u> </u>				<u> </u>	
<u></u>	·	<u> </u>					
URTICLE IV SHAI	<u>RES</u>	<u>.</u>				·	
The number of shares of the control	fmock is: <u>[Dl</u> AL OFFICERS Io: <u>David</u>	ANDVOR DIRECTO Rhodes, Pr	eside mane	nd Tide:			
The number of shares of sh	fatockis: 101 ALOFFICERS Ic: David 8198 J	ANDVORDIRECTO Rhodes, Pr og Rd., Sui	15i de minume a	nd Title:			
he number of shares o IRTICLE V INITI Name and Tit	fatockis: 101 ALOFFICERS Ic: David 8198 J	ANDVOR DIRECTO Rhodes, Pr	15i de minume a	nd Ti(le:			
The number of shares of IRTICLE V INITI Name and Tite Address	fortick is: 100 ALOFFICERS Io: David Bl9B J Boynfo E Roman	ANDIOR DIRECTO Rhodes, Pr Og Rd., Sui n Beach, Fl Lowery, Sec	15i de Mame a 103 Addres 33472 Vetor Vame a	nd Title:			
The number of shares of ARTICLE V INITI Name and Tite Address	fortick is: 100 ALOFFICERS Io: David Bl9B J Boynfo E Roman	ANDIOR DIRECTO Rhodes, Pr Og Rd., Sui n Beach, Fl Lowery, Sec	15i de Mame a 103 Addres 33472 Vetor Vame a	nd Title:			
The number of shares of ARTICLE V INITI Name and Tit Address Name and Titl	fatock is: 101 AL OFFICERS Io: David Blab J Boynto E Roman Blab J	ANDVOR DIRECTO Rhodes, fr ag Rd., Sui n Beach, Fi	15i de mame a k 103 Addres 33472 veter Name a 103 Addres	nd Title:			
Address Name and Titl Address	forck is: 101 AL OFFICERS Io: David Blab J Boynto Blab J Boynto	ANDIOR DIRECTO Rhodes, fr og Rd., Sui n Beach, Fl Lowery, Second	15i de mame a 103 Addres 103 Addres 103 Addres 103 Addres	nd Title:			

(4able di	d Title:	Name and Title:
Addres		Address:
ARTICLE YI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	David Rhodes	_
Address:	B198 Jog Rd. Suite 103	_
	BIGB Jog Rd., Suite 103 Boynton Beach, CL 3347	2
		-
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	idress of the Incorporator is:	
Name:	Coail A. Lone	<u>.</u>
Address:	5501 LBJ Fmy., Suite 800	· •
	Dallas Tx 75240	-
	- Dayers , 14 150-15	•
ARTICLE VIII	EFFECTIVE DATE;	
Effective date, if	other than the date of filing:	. (OPTIONAL)
days after the fi	ate is listed, the date must be specific and canno ling.)	t be more than live business days prior or 90 b
Note: If the date	inserted in this block does not meet the applicable	statutory filing requirements, this date will not be
	ffective date on the Department of State's records.	,
	A Secretary was a second of	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	
(wh	(A)	£ - 25
	Required Signature/Registered Agent	Date
I submit this doc	ument and affirm that the facts stated herein are	· true. I am aware that the false information subs
	Departmeny of State constitutes a third degree felon	y as provided for in s.817.155, F.S.
document to the	4	
document to the	JA-m_	5-27-

.•

·