## P/6000536/2

(Re	equestor's Name)		
. (Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	<u> </u>		

Office Use Only



100286937441

06/17/16--01023--001 \*\*70.00



JUN 25 2016 S. GILBERT

## **COVER LETTER**

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

SUBJECT:	SPV Solution			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles 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 CO	PY REQUIRED	
FROM: Ken Fuhrman Name (Printed or typed)  4325 Sand do Mar Ct Address				
New Port Richey, FL 3465 &				
303 517-0430  Daytime Telephone number				

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

Ken. fohrmene dusolotions.com
E-mail address: (to be used for future annual report notification)

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

The name of the corporation shall be:	1 Solutions Inc.
4325 Sand dallar	Mailing address, if different is AM 11:07
New Port Richey, F 34652	
	s: Software consulting
ARTICLE IV SHARES The number of shares of stock is: /OD  ARTICLE V INITIAL OFFICERS AND/OR DIF	RECTORS
Name and Title: Ken Fuhr	nan Name and Title: SUSAN FULLMAN/CE
,	+ Address: 4325 Sanddolkor
4325 San	adoller ct New Port Richey
New Port	
Name and Title:	Name and Title:
Address	
Name and Title:	Name and Title:
Address	Address:

Name and Title:	Name and Title:
Address	Address:
<del></del>	
ARTICLE VI REGISTERED AGENT	•
The name and Florida street address (P.O. Box N	NOT acceptable) of the registered agent is:
Name: Jaen Fuhr	
Address: 4325 San	
New Bot	Richey, FL 34652
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	1
Name: Jaco Fu	hrman
Address: 4325 San	d dollar ct
New Port	Richey, FL 34652
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be s days after the filing.)	pecific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not me the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
	t service of process for the above stated corporation at the place designated is appointment as registered agent and agree to act in this capacity
-7/1/11. on	1/26/16
Required Signature/Reg	gistered Agent Date
	stated herein are true. I am aware that the false information submitted in third degree felony as provided for in s.817.155, F.S.
m/ m 2	1/28/16
Required Signature/Incorporator	Date