

P16000062030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

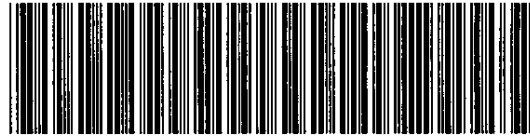
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COVER LETTER

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

SUBJECT: Solutions P.D.Q. 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
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

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TALLAHASSEE, FLORIDA

FROM: Lou Karples
Name (Printed or typed)

14671 Bonaire Blvd. #202
Address

Delray Beach, FL 33446-1770
City, State & Zip

561-270-7256
Daytime Telephone number

solutions.pdq@hotmail.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: Solutions PDB, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14671 Bonaire Blvd. #202
Delray Beach, FL 33446-1770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Research Information.

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ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOU Karples, Pres.

Address: 14671 Bonaire Blvd. #202

Delray Bch, FL
33446

Name and Title: Jennifer Saiz, Sec.

Address: 8072 Ironstone Pt.

Delray Beach, FL
33446

Name and Title: LOU Karples, Dir.

Address: 14671 Bonaire Blvd. #202

Delray Bch, FL
33446

Name and Title: Jennifer S. Saiz, Dir.

Address: 8072 Ironstone Pt.

Delray Beach, FL
33446

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: Lou Karples
Address: 14671 Bonaire Blvd. #202
Delray Bch, FL 33446

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ARTICLE VII INCORPORATOR

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

Name: Lou Karples
Address: 14671 Bonaire Blvd. #202
Delray Bch, FL 33446

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/14/2016. (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

X Louis Karples
Required Signature/Registered Agent

7-15-16
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.

Louis Karples
Required Signature/Incorporator

7-15-16
Date