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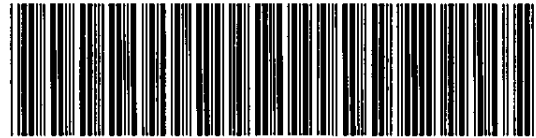
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
16 SEP 15 PM 2:29

[Signature] 09/19/16

COVER LETTER

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

SUBJECT: Concepta 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
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: James Davies

Name (Printed or typed)

16750 NE 10th Ave. Apt 301

Address

North Miami Beach, FL 33162

City, State & Zip

917-968-6693

Daytime Telephone number

chaimdavies@gmail.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: Concepta Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
16750 NE 10th Ave. Apt 301

Mailing address, if different is:

North Miami Beach, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The manufacture and sale of nutritional supplements

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Davies, Director

Name and Title: _____

Address 16750 NE 10th Ave. Apt 301

Address: _____

North Miami Beach, FL 33162

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: James Davies _____

Address: 16750 NE 10th Ave. Apt 301 _____

North Miami Beach, FL 33162 _____

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ARTICLE VII INCORPORATOR

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

Name: James Davies _____

Address: 16750 NE 10th Ave. Apt 301 _____

North Miami Beach, FL 33162 _____

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

09/11/2016

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

09/11/2016

Date