

P170000923916

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000304460 3)))



H170003044603ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : I20150300107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Lindsay@taxsaversfl.net

FLORIDA PROFIT/NON PROFIT CORPORATION

Tower Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

N SAMS

NOV 20 2017

Electronic Filing Menu

Corporate Filing Menu

Help

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: Tower Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1091 S San Mateo Dr

1091 S San Mateo Dr

North Port, FL 34288

North Port, FL 34288

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brent D Ortigoza President

Name and Title: Acy Olmo-Ortigoza Vice President

Address: 1091 S San Mateo Dr

Address: 1091 S San Mateo Dr

North Port, FL 34288

North Port, FL 34288

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

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:	Brent D Ortigoza
Address:	1091 S San Mateo Dr
	North Port, FL 34288

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	Brent D Ortigoza
Address:	1091 S San Mateo Dr
	North Port, FL 34288


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 days prior or 90 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

11/17/17

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

11/17/17

Date

17 NOV 17 PM 4:22
OFFICE OF THE CLERK
DEPARTMENT OF STATE