

PI8000098684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

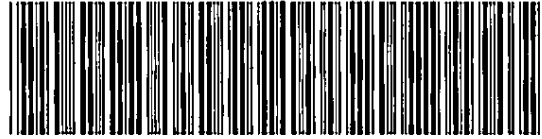
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W18000461937

DEC 06 2018



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2018 DEC -5 PM 3:26
FBI/DOJ/ST/ELI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2018

MANOUELA PLA
4611 N FEDERAL HWY #121
POMPANO BEACH, FL 33064

SUBJECT: VELTIONE SOLUTIONS, INC.
Ref. Number: W18000101937

We have received your document for VELTIONE SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 218A00024047

COVER LETTER

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

From:

Manouela Pla

4611 N. Federal Hwy

APT #121

Pompano Beach, FL 33064

P: 954-520-2513

Subject: Veltione Solutions, Inc.

Reference Number: W18000101937

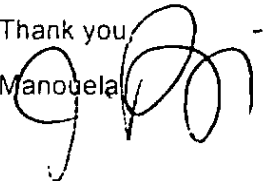
To Whom It May concern,

My application was rejected because I did not sign the Registered Agent section. I have signed it and added the articles of incorporation to this letter.

Payment has already been made.

Thank you,

Manouela

A handwritten signature in black ink, appearing to be 'Manouela Pla', written over the printed name.

COVER LETTER

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

Veltione Solutions, Inc.

SUBJECT: _____
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

Manouela Pla
FROM: _____
Name (Printed or typed)
4611 N Federal Hwy #121

Address
Pompano Beach, Florida 33064

City, State & Zip
954-520-2513

Daytime Telephone number
manouela1@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

Veltione Solutions, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4611 N Federal Hwy #121

Pompano Beach, Florida 33064

ARTICLE III PURPOSE

Any and all lawful business

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manouela Pla, President

Name and Title: _____

Address 4611 N Federal Hwy #121

Address: _____

Pompano Beach, Florida 33064

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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FILED
CLERK OF DISTRICT COURT
NORTH DAKOTA

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: Manouela Pla _____

Address: 4611 N Federal Hwy #121 _____

Pompano Beach, Florida 33064 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Manouela Pla _____

Address: 4611 N Federal Hwy #121 _____

Pompano Beach, Florida 33064 _____

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

11/7/2018

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

11/7/2018

Date