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Florida Department of State
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Fax Number : (850)617-6381

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Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
C.E. Solutions USA Inc

Certificate of Status	0
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September 3, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE LAW OFFICES OF NICK SPRADLIN PLLC

,

SUBJECT: C.E. SOLUTIONS USA INC.
REF: W19000080280

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

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return 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.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: H19000262449
Letter Number: 119A00018048

H19000262419 3

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: C.E. Solutions USA Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

8615 Commodity Circle

Suite 15

Orlando, Florida 32819

Mailing address, if different is:

8615 Commodity Circle

Suite 15

Orlando, Florida 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is ANY AND ALL LAWFUL BUSINESS PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000 Common Stock at $.10 par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Preston Shreeve D.P.S.T

Address: 8615 Commodity Circle, Suite 15, Orlando, Florida 32819

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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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: THE LAW OFFICES OF NICK SPRADLIN, PLLC

Address: 2202 N. WEST SHORE BLVD. STE 200

TAMPA, FLORIDA 33607

ARTICLE VII INCORPORATOR

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

Name NICKOLAS J. SPRADLIN, ESQ

Address: 2202 N. WEST SHORE BLVD. STE 200

TAMPA, FLORIDA 33607

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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

_____ 08/30/2019

Required Signature/Registered Agent 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.

_____ 08/30/2019

Required Signature/Incorporator Date