## P20000092434

(Re	equestor's Name)	<del></del>
(Ad	ddress)	<del></del>
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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12/03/20--01016--011 \*\*70.00

2020 DEC -3 PM 2: 0 SECRETARY OF STATE TALLAHASSEE, FL

M CHILIGAN

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		,		
Invicta Construction S	Solutions, Inc.			
<del></del>		<del>-</del>		
				Art of Inc. File
			<del></del>	LTD Partnership File
				Foreign Corp. File
			<del></del>	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
			<del></del>	Annual Report / Reinstatement
				Cert. Copy
			<del></del>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
			<u> </u>	Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
C'		<del></del>		Fictitious Owner Search
Signature				Vehicle Search
		_ <del> </del>		Driving Record
Requested by: Seth	10/02/02			UCC 1 or 3 File
	$\frac{12/03/20}{5}$			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

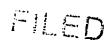
## **COVER LETTER**

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

SUBJECT:	INVICTA CONSTRUCTION SOLUT	•	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>ude suffix</u> )
Enclosed are an o	original and one (1) copy of the a	rticles of incorporation and	d a check for:
EX \$70.00 Filing Fed	— *· · · · ·	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
FROM:	Mark S. Mucci		
	Nan	ne (Printed or typed)	
	5561 N. University Drive	, Suite 102	
-		Address	
	Coral Springs, FL 3306	7	
-	Cit	y, State & Zip	
	954-323-1023		
-	Daytime	Telephone number	
	mark@bmwlawyers.net		
_	E-mail address: (to be us	ed for future annual report r	notification)

INVICTA CONSTRUCTION SOLUTIONS, INC.

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)

2020 DEC -3 AM 10 11

<i>CLE II PRIN</i> D Park Central			TAIL
0 Park Central			SECTETATE OF STALLAHASSEE,
	Principal street address Blvd S	N	Mailing address, if different is:
ano Beach, FL	······································		
•			
C. C. III . D. I D.	OGF.		
ICLE III PURP ourpose for which			
y and all lawfu			
Name and Titl	AL OFFICERS AND/OR DIRECTORS  Didney S Miller CEO	Name and Title;	Michael Nicolosi PRESIDENT
	861 NF 32 street		940 Dog wood Drive
Address		_ Address: _	
	Boca Raton, FL 33431		Delray Beach, FL 33483
		_	
Name and Title	Elizabeth Guigon VICE PRESIDENT	Nome and Title	
Name and Title	<u> </u>	_	
Name and Title	1880 SW 55 Avenue	Name and Title:_ Address:	
	<u> </u>	_	
	1880 SW 55 Avenue	_	
Address	1880 SW 55 Avenue Plantation, FL 33317	_ Address: _	
Address	1880 SW 55 Avenue	_ Address: _	
Address	1880 SW 55 Avenue Plantation, FL 33317	_ Address:	

Name a	and Title:	Name and Title:	
Addre	ss <u> </u>	Address:	
		<u> </u>	
	-		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptab	c) of the registered agent is:	
Name:	Elizabeth Guigon	-,	
Address:	100 Park Central Blvd S		
	Pompano Beach, FL 33064	2820 SEC 74	
		E m B	
ARTICLE VII	INCORPORATOR	A C -	
The name and	address of the Incorporator is:	20 DEC -3 MAID CARTANY OF ST TALLAHASSEE, P	
Name:	Elizabeth Guigon		į
Address:	100 Park Central Blvd S	AMID II	,
	Pompano Beach, FL 33064	<del></del>	
Effective date,	EFFECTIVE DATE:  if other than the date of filing:  date is listed, the date must be specific and compared to the specific and compa	. (OPTIONAL) annot be more than five days prior or 90 days after the	
filing.)	,		
	te inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as ords.	
	med as registered agent to accept service of proc familiar with and accept the appointment as reg	ess for the above stated corporation at the place designated in this sistered agent and agree to act in this capacity	
	(2)	12/2/20.	
_ < \. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Required Signature/Registered Agent		
I submit this do	ocument and affirm that the facts stated herein	are true. I am aware that the fulse information submitted in a	
	Department of State constitutes a third degree j	elony as provided for in s.817.155, F.S.	
محروم	(em go	12/2/2020	
Required Signal	ture/Incorporator	Date	