

P220000063318

(Requestor's Name)

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(Business Entity Name)

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2022 AUG 15 PM 2:04
TALLAHASSEE, FLORIDA

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2022 AUG 15 PM 2:22
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Business Service Solution L.N.L. 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:

Henry Collins
Name (Printed or typed)

1110 Brickell Ave Suite 40
Address

Miami, FL 33131
City, State & Zip

646.804.8472
Daytime Telephone number

Henry@NexxtraNet.GM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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STATE
CLERK

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:

Business Service Solution L.N.C INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1110 Brickell Ave Suite 430
Miami FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide ~~the~~ Financial Service
Taxes, Business Credit, Insurance

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ladonnis Lucas P

Name and Title:

Address

1110 Brickell Ave
Suite 430

Address:

Miami FL 33131

Name and Title:

Henry Collins VP

Name and Title:

Address

1110 Brickell Ave
Suite 430

Address:

Miami FL 33131

Name and Title:

Name and Title:

Address

Address:

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STATE OF FLORIDA

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: Henry Collins Suite 430

Address: 1110 Brickell Ave

Miami FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Henry Collins Suite 430

Address: 1110 Brickell Ave

Miami, FL 33131

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/11/2022 (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

[Signature]
Required Signature/Registered Agent

8/15/2022
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.

[Signature]
Required Signature/Incorporator

8/15/2022
Date

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DEPT. OF STATE
FLORIDA