P25000038688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

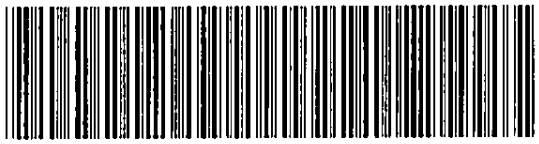
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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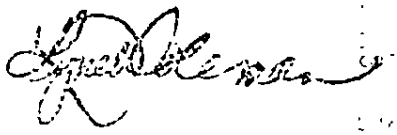
FILED
2025 JAN 24 PM 9:47

RECEIVED
2025 JAN 24 AM 11:23

CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 01/23/25
Order #: 1763301-1
Re: CTI Audit Solutions, Inc.
Processing Method: Routine



2025 JAN 24 A 9:47

TO WHOM IT MAY CONCERN:

Enclosed please find:
Certificate of Formation/Incorporation
Amount to be deducted from our State Account: $70.00 - FL State Account Number: I20000000195

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

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

SUBJECT: CTI Audit Solutions, 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

2025 JUL 21 AM 9:47

FILED

FROM: Alyssa Argitis
Name (Printed or typed)

300 N Beach Street,
Address

Daytona Beach, FL, 32114
City, State & Zip

(386)267-5124
Daytime Telephone number

alyssa.argitis@bbins.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

The name of the corporation shall be: CTI Audit Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address: 300 N Beach St. Daytona Beach, fl, 32114

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Abate - President

Address: 300 N Beach St. Daytona Beach, FL, 32114

Name and Title: Mike Scire- CFO

Address: 300 N Beach St. Daytona Beach, FL, 32114

Name and Title: Joe Stanton - Treasurer

Address: 300 N Beach St. Daytona Beach, FL, 32114

Name and Title: Anthony Robinson - Secretary

Address: 300 N Beach St. Daytona Beach, FL, 32114

Name and Title: James Lanni - Vice President

Address: 300 N Beach St. Daytona Beach, FL, 32114

Name and Title:

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: David B. Lotz

Address: 300 N Beach St. Daytona Beach,

FL, 32114

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

_____ _____ 01/23/2025

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.

_____ 1/21/2025

Required Signature/Incorporator Date

CSC FIN-84845