

TRANSMITTAL LETTER

P99000022305

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

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-03/10/99--01093--024
*****78.75 *****78.75

SUBJECT:

Vortex Solutions Incorporated

(Proposed corporate name - must include suffix)

Enclosed is 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:

Aimee Lemcke

Name (Printed or typed)

2030 TOBACCO RD

Address

HAVANA, FL 32333

City, State & Zip

(850) 539-0988

Daytime Telephone number

RECEIVED

99 MAR 10 PM 2:56

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR 10 PM 3:06

FILED

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Vortex Solutions Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2030 Tobacco Road
Havana, Florida
32333

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

99 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

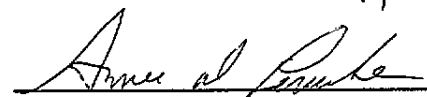
The name and Florida street address of the initial registered agent are:

Aimee Lemcke
2030 Tobacco Road
Havana, Florida 32333

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

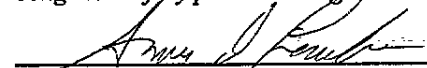
Aimee Lemcke
2030 Tobacco Road
Havana, Florida 32333


Signature/Incorporator

March 10, 1999
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

March 10, 1999
Date

FILED
99 MAR 10 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA