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TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 17 PM 4:11

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

500002876945--8
-05/17/99--01076--011
*****87.50 *****87.50

SUBJECT: Current Business Solutions, Inc.
(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: Kimberly Lang
Name (Printed or typed)
74 Hidden Cove
Address
Valparaiso, FL 32580
City, State & Zip
850-729-0608
Daytime Telephone number

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

D. BROWN MAY 19 1999

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: Current Business Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

74 Hidden Cove
Valparaiso, FL 32580

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kimberly Lang
74 Hidden Cove; Valparaiso, FL 32580

ARTICLE V INCORPORATOR

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

Kimberly Lang
74 Hidden Cove
Valparaiso, FL 32580

Kimberly Lang
Signature/Incorporator

5/12/99
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

Kimberly Lang
Signature/Registered Agent

5/12/99
Date

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