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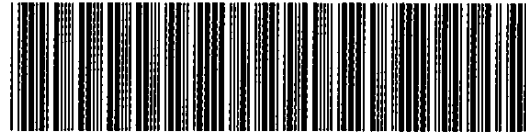
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

Tropezon Corp.

SUBJECT: _____
(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

ADDITIONAL COPY REQUIRED

FROM: Carlos A. Sologuren

Name (Printed or typed)
2233 Calias Dr. Ste#41

Address
Miami Beach, FL:m 33141

City, State & Zip
3058895300

Daytime Telephone number

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TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION
OF
TROPEZON CORP.

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:

TROPEZON CORP.

ARTICLE II – PRINCIPAL OFFICE

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

2233 Calais Dr. Ste. #41.
Miami Beach, FL 33141

ARTICLE III - PURPOSE

The purpose for which the Corporation is formed and organized to engage in Painting, or activity under the law of the State of Florida.

ARTICLE IV – CAPITAL STOCK

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

One Thousand (1000) shares, per (1) one dollar each.

Article V – REGISTER AGENT AND ADDRESS

The name and address of the initial register Agent is:

Carlos Alberto Sologuren
2233 Calais Dr. Ste#41
Miami Beach, FL 33141

The register officer, the register agent or the Board of Directors may change with appropriated notice being given to the Secretary of State in accordance the law.

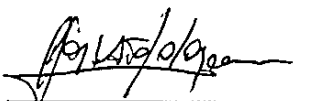
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TALLAHASSEE, FLORIDA

ARTICLE VI – INCORPORATOR(S)

The said name of incorporator(s) and initial board of directors shall be:

Carlos Alberto Sologuren
2233 Calais Dr. Ste#41
Miami Beach, FL 33141

The Undersigned has (have) executed these articles of incorporators this 06th day of July 2006.



Carlos Alberto Sologuren
President

ARTICLE VII – AMENDMENTS

This Corporation reserves the right to emend alter, change or repeal any provision contained herein in the manner now or hereafter prescribed by law, and all rights conferred on stockholders herein are granted subject to this reservation.

IN WITNESS WHEREOF, The undersigned has hereunto set their hands ands seal at Miami-Dade County, Florida State this 06th day of July 2006.



Carlos Alberto Sologuren
Incorporator

**CERTIFICATE OF DESIGNATION
REGISTER AGENT
REGISTER OFFICE**

Pursuant to the provisions of section 607-501, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following Statement in designating the register officer/register agent, in the State of Florida

1. The Name of the Corporation is:

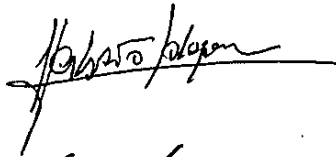
Tropezon Corp.

2. The Name and address of the register Agent and office is:

Carlos Alberto Sologuren
2233 Calais Dr. Ste#41
Miami Beach, FL 33141

I hereby familiar with and accept the obligation, duties, responsibilities and agree to Act in this capacity as Register Agent.

Signature:



Date:

06/07/06

ASSIGNMENT BY SOLE INCORPORATOR AND SOLE SUBSCRIBER

TO

TROPEZON CORP.

MAR financial Consultant, Inc. sole incorporator and sole subscriber, for value received hereby assigns and all rights in may have such incorporator and subscriber to the following:

TROPEZON CORP.


Henry Garcia for
Mar Financial Consultant, Inc.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Henry Garcia known to me and to be the person who executed the foregoing assignment, and he acknowledged before me that he executed this assignment.

IN WITNESS HEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 06th Day of JULY 2006.


Mario H. Garcia
Notary Public, State of Florida
At large.

My Commission Expires:



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA