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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
THE SOLUTIONS & MORE, INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

FILED
15 OCT 23 AM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
102092

OCT 23 AM 7:04

H15000254530

COVER LETTER

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

SUBJECT: THE SOLUTIONS & MORE, 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: OSCAR A CABRERA, PA
Name (Printed or typed)
28880 SW 164 AVENUE
Address
HOMESTEAD, FLORIDA 33033
City, State & Zip
305-521-6207 OR 305-804-4428
Daytime Telephone number
lorenarojasvalentin@yahoo.com
E-mail address: (to be used for future annual report notification)

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15 OCT 23 AM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 SOLUTIONS & MORE, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: _____ Mailing address, if different is: _____
16919 NORTH BAY ROAD SAME
UNIT 817
SUNNY ISLES, FL 33160

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JAIIME TAPUR / PRESIDENT	Name and Title:	_____
Address:	16919 NORTH BAY ROAD	Address:	_____
	UNIT 817		_____
	SUNNY ISLES, FL 33160		_____

Name and Title:	CAROLINA TAPUR / SECRETARY	Name and Title:	_____
Address:	16919 NORTH BAY ROAD	Address:	_____
	UNIT 817		_____
	SUNNY ISLES, FL 33160		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	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: OSCAR A CABRERA P.A.
 Address: 28880 SW 164 AVE
 HOMESTAD, FLORIDA 33033

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JAIME TAFUR
 Address: 16919 NORTH BAY ROAD
 SUNNY ISLES, FL 33160

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/22/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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.

Oscar A. Cabrera
 Required Signature/Registered Agent

10/23/15
 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.

Jaime Tafur
 Required Signature/Incorporator

10/23/15
 Date

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