

P16000042451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

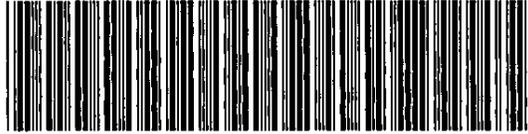
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MAY 17 2016

T. SCOTT



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03/14/16--01036--004 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 13 AM 9:41



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2016

SHAMSHA VIRANI
15871 SW 141ST STREET
MIAMI, FL 33196

SUBJECT: SOLO MIAMI INC
Ref. Number: W16000021385

We have received your document for SOLO MIAMI INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The original articles were not for profit.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 916A00007419

16 MAY 13 PM 12: 27
DIVISION OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

COVER LETTER

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

SUBJECT: SOLO MIAMI, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: SHAMSHA VIRANI
Name (Printed or typed)

15871 SW 141ST STREET
Address

MIAMI, FLORIDA 33196
City, State & Zip

305-606-1212
Daytime Telephone number

SHAMSHA.VIRANI@GMAIL.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

SOLO MIAMI, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15871 ST 141st STREET

MIAMI, FLORIDA 33196

ARTICLE III PURPOSE

RETAIL/WHOLESALE TRADE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100

The number of shares of stock is: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 13 AM 9:41

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHAMSHA VIRANI

Name and Title: FARYAL SIDDIQKARA

Address 15871 SW 141ST STREET

Address: 15871 SW 141ST STREET

MIAMI, FLORIDA 33196

MIAMI, FLORIDA 33196

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: SHAMSHA VIRANI
 Address: 15871 SW 141ST STREET
MIAMI, FLORIDA 33196

ARTICLE VII INCORPORATOR

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

Name: FARYAL SIDDIQKARA
 Address: 15871 SW 141ST STREET
MIAMI, FLORIDA 33196

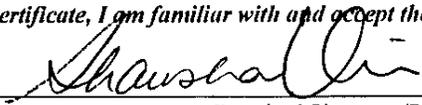
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/01/2016. (OPTIONAL)

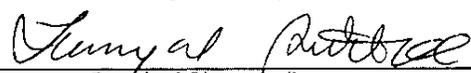
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 05/09/2016
 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.

 05/09/2016
 Required Signature/Incorporator Date