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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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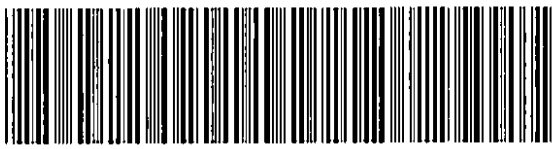

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C Kinsey

COVER LETTER

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

SUBJECT: Chiki Solutions Corp.
(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: Maria Claudia Sarjeant
Name (Printed or typed)

9770 NW 74 TR
Address

Doral FL. 33178
City, State & Zip

786-473-8862
Daytime Telephone number

ChikiSarjeant@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

The name of the corporation shall be: CHIKI Solutions Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
9770 NW 74 TER	
DORAL FL 33178	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ecommerce, Sales online

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ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Claudia Sargent/CEO Name and Title:

Address 9770 NW 74 TER Address:

DORAL FL 33178

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Maria Claudia Sarjeant Ponceleon

Address: 9770 NW 74 Tr

Doral FL 33178

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Claudia Sarjeant Ponceleon

Address: 9770 NW 74 Tr

Doral FL 33178

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Maria Sarjeant — Required Signature/Registered Agent — 03/05/19 — 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.

Maria Sarjeant — Required Signature/Incorporator — 03/05/19 — Date