

Florida Department of State
 Division of Corporations
 Statewide Filing Services

P23000020344

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000095919 3)))



H2300009591934BC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
 Account Number : T2000000146
 Phone : (305)444-4994
 Fax Number : (305)328-4774

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 SOLANO STUDIO INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR 15 PM 10:36

FILED

To

Page: 3 of 5

2023-03-16 18:26:51 GMT

13053294774

From: Yanet Avila

850-617-6381

3/15/2023 1:28:00 PM PAGE 1/001 Fax Server



March 15, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: SOLANO STUDIO INC
REF: W23000035510

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return 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, call (850) 245-6052.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H23G00095919
Letter Number: 223A00006010

2023 MAR 15 PM 10:35
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

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: SOLANO STUDIO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

915 NW 1st AVENUE, Apt H1111
Miami, FL 33136

Mailing address, if different is:

915 NW 1st AVENUE, Apt H1111
Miami, FL 33136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald Solano - P

Name and Title: _____

Address: 915 NW 1st AVENUE, Apt H1111
Miami, FL 33136

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2023 MAR 15 PM 10:35
LEGISLATIVE CLERK
TALLAHASSEE, FL

FILED

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: LIGHT OF LIFE ACCOUNTING SERVICES, INC.
 Address: 9420 W Flagler St. Apt 102
Miami, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronald Solano
 Address: 915 NW 1st AVENUE, Apt H1111
Miami, FL 33136

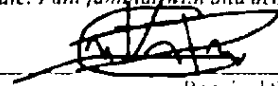
ARTICLE VIII EFFECTIVE DATE:

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 in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 _____ Date: 03/10/2023
 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.

 _____ Date: 03/10/2023
 Required Signature/Incorporator Date

2023 MAR 15 PM 10:36
 DEPARTMENT OF STATE
 TALLAHASSEE, FL
 FILED