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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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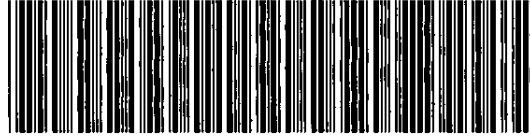
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JUN -8 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 14 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S.O.L.V.E. Inc.

\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Derek M. Scott

\_\_\_\_\_  
Name of Person

S.O.L.V.E. Inc.

\_\_\_\_\_  
Firm/Company

440 Clancey Circle

\_\_\_\_\_  
Margate FL, 33068

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

scottderekm@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derek M. Scott

\_\_\_\_\_  
Name of Person

at ( 210 )  
Area Code

867-0214

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2016

DEREK M SCOTT  
440 CLANCEY CIRCLE  
MARGATE, FL 33068

SUBJECT: S.O.L.V.E. INC.  
Ref. Number: W16000029707

RECEIVED  
TALLAHASSEE, FLORIDA  
2016 JUN -8 AM 11:15

We have received your document for S.O.L.V.E. INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

*6950 Direct*  
Jenna D Harris  
Regulatory Specialist II

Letter Number: 116A00008262

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. S.O.L.V.E. Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 46-3961296  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/29/2013 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 440 Clancey Circle Margate FL, 33068  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. S.O.L.V.E. Inc. will make financial contributions to low income and/or disabled veterans.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Derek M. Scott

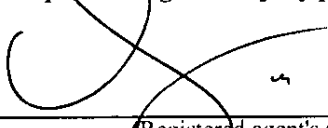
Office Address: 440 Clancey Circle

Margate, Florida 33068  
(City) (Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Derek M. Scott  
Address: 440 Clancey Circle Margate FL, 33068

Vice Chairman: Granville Scott  
Address: 2330 NW 32<sup>nd</sup> Terrace Ft. Lauderdale, FL 33311

Director: Carolyn B. Thomas  
Address: 5105 NE Bell Ave Lawton, OK 73507

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: Derek M. Scott  
Address: Clancey  
440 Clancey Circle Margate, FL 33068

Vice President: Granville Scott  
Address: 2330 NW 32<sup>nd</sup> Terrace Ft. Lauderdale, FL 33311

Secretary: Carolyn B. Thomas  
Address: 5105 NE Bell Ave Lawton, OK 73507

Treasurer: Carolyn B. Thomas  
Address: 5105 NE Bell Ave Lawton, OK 73507

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Derek M. Scott, Chairman  
(Typed or printed name and capacity of person signing application)

FILED  
16 JUN -8 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Carlos H. Cascos  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for S.O.L.V.E., Inc. (file number 801876550), a Domestic Nonprofit Corporation, was filed in this office on October 29, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name  
officially and caused to be impressed hereon the Seal of  
State at my office in Austin, Texas on May 05, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos  
Secretary of State

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Carlos H. Cascos  
Secretary of State

## Office of the Secretary of State

### CERTIFICATE OF FILING OF

S.O.L.V.E., Inc.  
File Number: 801876550

The undersigned, as Secretary of State of Texas, hereby certifies that the application for reinstatement for the above named entity has been received in this office and has been found to conform to law. It is further certified that the entity has been reinstated to active status on the records of this office.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law hereby issues this Certificate of Filing.

Dated: 05/04/2016

Effective: 05/04/2016



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos  
Secretary of State