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SOLON MARKETING, INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Secti	on			-
	Division of Corpo	orations			
	Solon Mark	eting, Inc.			
SUBJ	ECT:				
		Name of	corporation -	- must include suffix	
Dear S	Sir or Madam:				
"Certi		or "Certificate of	f Good Stand	Authorization to Transacting" and check are substituted in Florida.	
	ereturn all correspo el Mirrione	ndence concernin	g this matter	to the following:	
			Name of P	crson	····
Wolz	Corporate USA, Inc.		•		
	:				
36 S I	8th Ave., Suite D		Firm/Comp	oany	
	· · · · · · · · · · · · · · · · · · ·		Addre	SS	······································
Bright	on, CO 80601				•
			City/State on	d Zin ooda	· · · · · · · · · · · · · · · · · · ·
compl	iance@solonmarketir	g.com	City/State an	id Zip code	
	·	_	(A. 1	<u> </u>	
		E-mail address:	(to be used to	or future annual report r	iotification)
For fu	rther information co	oncerning this ma	tter, please ca	all:	
Michael Mirrione			303	655.9659	
	. <u> </u>	a	.t (_)	·
	Name of Person		Area Code	Daytime Telep	hone Number
	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL	ion orations Center Circle	:	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclo	sed is a check for th	e following amou	int;		
9 \$7	0.00 Filing Fee	S78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Solon Marketing, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 45-5029178 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 200 Continental Drive, Suite 401, Newark, DE 19713 (Principal office address) P.O Box 66157 Austin. TX 78766 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr., Suite A Office Address: Tallahassee _ , Florida (City) 9. 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) Eric Wolz, Assistant Secretary

10. 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.

11. Names and business addresses of officers and/or directors:	FILED
	2017 DEC 21 PH 12: 24
A. DIRECTORS James Williams	2011 DEC 21 PM 100
Chairman:	SI UKE TAKE
200 Continental Drive, Suite 401, Newark, DE 19713 Address:	TO SARA SAL UP Co.
Vice Chairman:	
Address:	
Director:	· · · · · · · · · · · · · · · · · · ·
Address:	
Director:	<u> </u>
Address:	
B. OFFICERS	
President:	
Address:	
Vice President:	
Address:	
Miles Linsmith Secretary:	
200 Continental Drive, Suite 401, Newark, DE 19713	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing a line. Ignature of Director or Officer The officer or director signing this document (and who is listed in number 11	dditional officers and/or directors.
12	
The officer or director signing this document (and who is listed in number 11 are true and that he or she is aware that false information submitted in a docur a third degree felony as provided for in s.817.155, F.S.	above) affirms that the facts stated herein nent to the Department of State constitutes
13. James Williams, Director	
(Typed or printed name and capacity of person signin	g application)

• • • •

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOLON MARKETING, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2017.



and corp delaware gov/au

Authentication: 203702391

Jeffrey W. Butlock, Secretary of State

Date: 12-06-17