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Division of Corporations

Florida Department of State
Division of Corporations
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Email Address: skyeshtam413@gmail.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
SOL Y LUNA**

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Corporate Filing Menu

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K. SALY

SEP - 3 2024

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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.

1. SOL Y LUNA Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

SOL Y LUNA Enterprises Incorporated
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wyoming (State or country under the law of which it is incorporated)
3. 301412071 (FEI number, if applicable)
4. 5/15/2024 (Date of incorporation)
5. Perpetual (Date of duration, if other than perpetual)
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 86 SW 8th Street Apt.4605, Miami, Florida 33130
(Principal office street address)

(Current mailing address, if different)
8. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)
Name: Skye Shatan
Office Address: 86 SW 8th Street, Apt. 4605
Miami, Florida 33130
(City) (Zip code)

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)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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A. DIRECTORS

☐ Chairman Name: Skye Shatan☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Vice Chairman Address: _____☒ Director 86 SW 8th Street Apt. 4605☐ Director _____☒ President Miami, Florida 33130☐ President _____☐ Vice President _____☐ Vice President _____☒ Secretary ☒ Treasurer☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Other _____ ☐ Other _____☐ Chairman Name: _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Vice Chairman Address: _____☐ Director _____☐ Director _____☐ President _____☐ President _____☐ Vice President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Other _____ ☐ Other _____☐ Chairman Name: _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Vice Chairman Address: _____☐ Director _____☐ Director _____☐ President _____☐ President _____☐ Vice President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Skye Shatan, President

(Typed or printed name and capacity of person signing application)

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STATE OF WYOMING
Office of the Secretary of State

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SECRETARY
TALLAHASSEE, FLORIDA

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

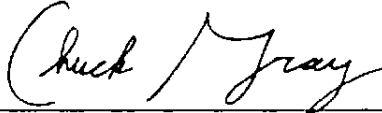
SOL Y LUNA
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **May 15, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001457978**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of August, 2024 at 11:09 AM. This certificate is assigned ID Number 075827327.




Secretary of State