

102000001036

OFFICE USE ONLY

EXPRESS CORPORATE FILING SERVICE INC.
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
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CORAL GABLES, FL 33134 305-444-4994
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Solter Inc (Corporation Name) 400004741154--2 (Document #)
-12/27/01--01020--012 *****78.75 *****78.75
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) 400004741154--2 (Document #)
-12/27/01--01020--012 *****78.75 *****35.00
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED RECEIVED
02 JAN -4 AM 802 DEC 27 AM 11:15
SECRETARY OF STATE
TALLAHASSEE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

1/4/02
Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 27, 2001

EXPRESS

CORAL GABLES, FL

SUBJECT: SOLTEL INC.
Ref. Number: W01000029428

We have received your document for SOLTEL INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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, please call (850) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 501A00067262

RECEIVED
02 JAN -3 AM 11:05
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION
FOR

Soltel
Telecommunication Inc

FILED
02 JAN -4 AM 8:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation
under the Florida Business Corporation Act, hereby adopts the
following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Soltel Telecommunication Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation
shall be:

2405 Biscayne Blvd.
Miami, FL 33137

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to
have shall be:

100 @ \$1.00

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall
be:

Cristian Peirano
2405 Biscayne Blvd.
Miami, FL 33137

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Cristian Peirano
Nancy Peirano
2405 Biscayne Blvd.
Miami, FL 33137

C. Peirano

Signature of Incorporator
& Registered Agent

12-21-01
Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

Cristian Peirano
Nancy Peirano
2405 Biscayne Blvd.
Miami, FL 33137

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

FILED
02 JAN -4 AM 8:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA