

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0381

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335

Phone : (305)599-0839

Fax Number

: (305)716-0346 ...

FLORIDA PROFIT CORPORATION OR P.A.

SOLARVIT NATURAL INT'L. CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION

<u>of</u>

SOLARVIT NATURAL INT'L. CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLEINAME

The name of the corporation shall be:

SOLARVIT NATURAL INT'L. CORP.

The principal place of business of this corporation shall be: 8442 NW 72 ST MIAME, PL 33166

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ELEONORA RUAN(president)95% 8442 NW 72 ST MIAMI, FL 33166

RORAIMA SOLEDAD CABEZAS (secretary) 5% 8442 NW 72 ST MIAMI, FL 33166

TALLAHASSAF FIRMA

ARTICLE VI INCORPORATORISI

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

RORAIMA SOLEDAD CABEZAS 8442 NW 72 ST MIAMI, FL 33166

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of incorporation this.

23 day of JUNE 2004.

Signature(s) of incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325. Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

2. The no office i	me and address of the registered agent and s:
RORAI	MA SOLEDAD CABEZAS 8442 NW 72 ST
	(P.O. BOX NOT ACCEPTABLE)
MIAMI	, FL 33166
.,	(CITY/STATE/ZIP)
•	
••	
•	SIGNATURE POTQUEER POSSE
	TITLE
•	DATE

RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF DUTIES, AND I ACCEPT THE

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