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TALLAHASSEE, FLORIDA

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Cast Management

Requestor's Name

4805 NW 79 Ave #9

Address

Miami FL 33166

City

State

ZIP

Phone

593-5151F

CORPORATION(S) NAME

Solyval, Inc.



Profit

() NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent



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() Photo Copies

() Certificate Under Seal

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() Will Wait



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Name

Availability

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Verifier

Acknowledgment

WP Verifier



Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

WE THE UNDERSIGNED, HEREBY ASSOCIATE OURSELVES TOGETHER FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA PROVIDING FOR THE FORMATION OF A CORPORATION FOR PROFIT WITH THE POWERS, RIGHTS, PRIVILIGES AND IMMUNITIES HEREINAFTER MENTIONED, AND WE HEREBY MAKE, SUBSCRIBE AND ACKNOWLEDGE AND FILE WITH THE SECRETARY OF FLORIDA THESE ARTICLES OF INCORPORATION; AND TO THAT END WE DO, BY THESE ARTICLES, SET FORTH:

ARTICLE I

THE NAME OF THIS CORPORATION (WHICH IS HEREINAFTER CALLED THE "CORPORATION" IS: SOLYVAL, INC.

ARTICLE II

THIS CORPORATION SHALL EXIST PERPETUALLY, CORPORATION EXISTENCE SHALL BEGAIN ON THE DAY UPON WHICH THESE ARTICLES ARE APPROVED BY THE SECRETARY OF THE STATE OF FLORIDA.

ARTICLE III

THE PURPOSE OF THIS CORPORATION IS TO TRANSACT ANY OR ALL LAWFUL BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER CHAPTER 607 OF THE FLORIDA STATUTES. INCLUDING BUT NOT LIMITED TO SALE OF SECURITY SYSTEMS.

ARTICLE IV

THIS CORPORATION IS AUTHORIZED TO ISSUE FIVE HUNDRED (500) SHARES OF COMMON STOCK, WHICH SAID SHARES SHALL HAVE A PAR VALUE OF TEN (\$ 10.00) DOLLARS PER SHARE UPON ISSUANCE.

ARTICLE V

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE AT:

4805 NW 79 AVENUE # 9 DORAL, FLORIDA 33166

WITH THE PRIVILEGE OF HAVING BRANCH OFFICES WITHIN AND WITHOUT THE STATE OF FLORIDA.

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2005 FEB 21 A 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI

THE INITIAL REGISTERED AGENT OF THIS CORPORATION UPON WHICH PROCESS MAY BE SERVED IS: LOUIS F. CAST AND THE INITIAL REGISTERED OFFICE IS LOCATED AT: 4805 NW 79 AVENUE #9 DORAL, FLORIDA 33166

ARTICLE VII

THIS CORPORATION SHALL HAVE ONE DIRECTOR(S) INITIALLY.
THE NUMBER OF DIRECTORS SHALL BE FIXED BY LAW AND MAY BE CHANGED FROM TIME TO TIME.

ARTICLE VIII

THE NAME AND STREET ADDRESSES OF THE INITIAL DIRECTOR OF THIS CORPORATION IS:

MARCO QUESADA 4805 NW 79 AVENUE SUITE # 9 DORAL, FLORIDA 33166

THE AFORSAID DIRECTORS SHALL HOLD OFFICE FOR THE YEAR OF THIS CORPORATION EXISTANCE OR UNTIL A SUCCESSOR IS CHOSEN AS PROVIDED FOR IN THE BYLAWS.

THE INITIAL OFFICERS OF THIS CORPORATION AND THEIR ADDRESSES ARE:

PRESIDENT : MARCO QUESADA 4805 NW 79 AVENUE #9 DORAL, FLORIDA 33166

VICE-PRESIDENT : MARTHA RAMIREZ 4805 NW 79 AVENUE DORAL, FLORIDA 33166

SECRETARY : MARCO QUESADA 4805 NW 79 AVENUE DORAL FLORIDA 33166


TREASURER :MARTHA RAMIREZ 4805 NW 79 AVENUE DORAL,FLORIDA 33166

MANAGER : ESTHER M. PEREZ 4805 NW 79 AVENUE DORAL, FLORIDA 33166

ARTICLE IX

THE NAME AND STREET ADDRESS OF THE INCORPORATOR
MARCO QUESADA 4805 NW 79 AVENUE DORAL,FLORIDA # 9 DORAL, FLORIDA 33166

THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION


SIGNATURE / TITLE
MARCO QUESADA / PRESIDENT


CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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

1. THE NAME OF THE CORPORATION IS SOLYVAL,INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS LOUIS F. CAST AND THE
REGISTERED OFFICE IS AT 4805 NW 79 AVENUE #9 DORAL,FLORIDA 33166

SIGNATURE: 
MARCO QUESADA
TITLE: PRESIDENT

DATE: ~~JANUARY~~ 04,2005

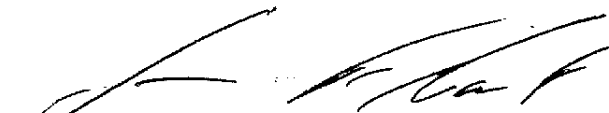
January 04, 2005 

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 21 A 11:09

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR
THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.


LOUIS F. CAST