

P06000097799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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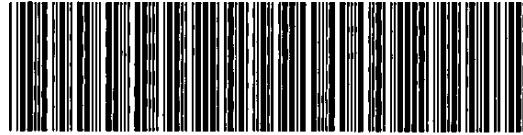
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06 JUL 25 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Ad-solute Designs Co.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Graciela Morffiz  
Name (Printed or typed)

21230 SW 97th CT  
Address

Miami, Florida 33189  
City, State & Zip

305-259-0906 cell 786-344-8443  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## **ARTICLE I NAME**

The name of the corporation shall be:

Ad-solute Designs co.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

21230 SW 97 Ct  
Miami Florida 33189

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

- 1.- To engage in the business of Office Administration service
- 2.- To transact any other lawfull business for which corporations may be incorporated under the florida General Act.

## **ARTICLE IV SHARES**

The number of shares of stock is:

issue of 100 shares, such shares shall be single class, and shall be \$5.00 par value.

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Graciela Morffiz \_\_\_\_\_ P  
21230 SW 97 Ct  
Miami FI 33189

George Morffiz \_\_\_\_\_ VP  
21230 SW 97 Ct  
Miami FI 33189

## **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

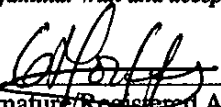
Graciela Morffiz  
21230 SW 97 Ct  
Miami FI 33189

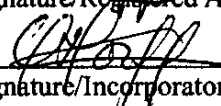
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Graciela Morffiz  
21230 SW 97 Ct  
Miami FI 33189

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUL 25 PM 2:22

FILED

7-20-06

Date

7-20-06

Date