

PO9000056239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200157456472

06/22/09--01029--013 **78.75

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09 JUN 29 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09000029200

EP 6/30/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2009

MATTHEW HOWE
401 69TH ST. #1403
MIAMI BEACH, FL 33141

SUBJECT: SOBE SOLUTIONS, INC.
Ref. Number: W09000029200

We have received your document for SOBE SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected 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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 909A00021316

COVER LETTER

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

SUBJECT: Sobe Solutions, Inc.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Matthew Howe
Name (Printed or typed)

401 69th St. #1403
Address

Miami Beach, FL 33141
City, State & Zip

786-444-3032
Daytime Telephone number

sobesolutions@gmail.com
E-mail address: (to be used for future annual report notification)

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: Sobe Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

401 69th St. #1403

Miami Beach, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Consulting Services

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Matthew Howe, CEO

ARTICLE VI REGISTERED AGENT

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

Matthew Howe

401 69th St. #1403

Miami Beach, FL 33141

ARTICLE VII INCORPORATOR

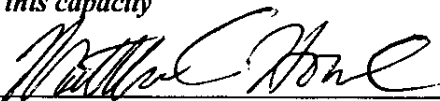
The name and address of the Incorporator is:

Matthew Howe

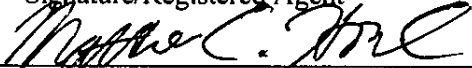
401 69th St. #1403

Miami Beach, FL 33141

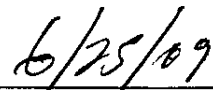
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator



Date



Date

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09 JUN 29 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA