

P11000101079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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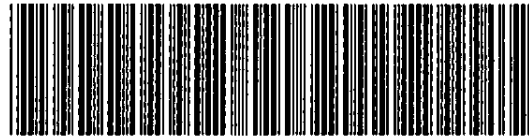
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/22/11--01016--002 **78.75

FILED

11 NOV 22 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
11/28

COVER LETTER

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

SUBJECT: SOLETI VENTURES 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 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: MELISSA LAMBERT
Name (Printed or typed)

495 BRICKELL AVE - 2102
Address

MIAMI, FL 33131
City, State & Zip

305.321.7471
Daytime Telephone number

NIKKI@KARSTEK.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)

FILED

11 NOV 22 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME SOLETI VENTURES INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1111 Brickell Ave. 11th Floor
MIAMI, FL 33131

Mailing address, if different is:

186 INDIAN MOUND TRAIL
TAVERNIER, FL 33070

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The organization is formed for the purpose of selling, reselling, consulting on, investing in value added products, technology, or services and to conduct or engage in any other lawful activity.

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Giovanni Soleti
Address: 495 Brickell Ave - 2102
Miami, FL 33131

Name and Title: Melissa Lambert
Address: 495 Brickell Ave - 2102
Miami, FL 33131

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Discount Registered Agent - GEORGE MITCHELL
Address: 493 Boundary Blvd
Rotonda West, FL 33947

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melissa Lambert
Address: 495 Brickell Ave - 2102
Miami, FL 33131

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~~

George E. Mitchell
Discount Registered Agent
Account Manager

Required Signature/Registered Agent

11-12-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

10.15.2011

Date