## P11000108644

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
		:		



000215465850

12/27/11--01029--018 \*\*78.75

HI DEC 27 AM 9: 21

Office Use Only

MD 12/29

## **COVER LETTER**

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

SUBJECT: Soloski Tax	+ Insurance Dervices, =
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of  Status  ADDITIONAL COPY REQUIRED
FROM: Donald Solo	as ki
5548 96 th	(Printed or typed)
Pinellas Pak,	FL 3378Y
	State & Zip 7 - 7 9 3 5
Daytime To	elephone number
dealack. O	tour or how we come

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE II P	RINCIPAL OFFICE		Mailine -	ldrose if it	Warant in		
Principal street address		F	Mailing address, if different is:				
Pir	nelles Park, FC	Pir	nellas	Park		3780	
<del></del> -	337₹√						
RTICLE III PU	RPOSE				S		
ne purpose for whic	h the corporation is organized is:				三 8年		
Prancing	tion of Tax Returned Thod	mn s			部员		
	The second Plant	c-t- e			SE N	Carperage Con	
Dale of	THEATER FROM	W 01 3		į	<b>7</b>	1	
RTICLE IV_ SI	HARES			6	<b>i</b>	O	
e number of shares				3	S ≥ 0		
RTICLE V IN	IITIAL OFFICERS AND/OR DIRECTOR	8		Ĭ	>		
Name and Title:	Donald Sdoski-Pris	Name and Title	e:				
Address:	5548 96+4 AVE N	Address:					
	Pinellas Park, FL 3378V	-	·	· · · · · · · · · · · · · · · · · · ·			
•		•					
			e:	····			
Address:		Address:					
-		•					
N		si "Jantal					
Address:							
		, , , , , , , , , , , , , , , , , , , ,				-	
-				<del>,</del>	<del></del>		
RTICLE VI RE	GISTERED AGENT						
	street address (P.O. Box NOT acceptable) of	the registered age	ent is:				
Name: Address:	Donald Sclaski 5548 964 AVL N						
Address.	Pine lias Part, FL 3378-	~					
	CORROR 4 SOR						
R <i>TICLE VII IN</i> e name and addres	s of the Incorporator is:						
Name:	Donald Dalaski		•				
Address:	Timelics Pak, FL 3378	.1					
	Pinellas Pak, FL 3378	•					
	s registered agent to accept service of process					gnated in	
s certificate, Lam fa	miliar with and accept the appointment as regis	tered agent and	agree to ac	t in this ca	pacity		
	X11			12	-71-	2011	
	Required Signature/Registered Agent				Date		
	_						
tomit this documen	at and affirm that the facts stated herein are t tment of State constitutes a third degree felony	rue. I am aware as provided for i	e that the f in s 817 154	alse inforn : FS	nation submi	itted in a	
minem to the Deput	men gj Suic Constitutes a trittu uegree jetony	из рточаси јог і	04 3.047.433			Λ.I.I	
( t )				1)	ーンーン	-O 1 (	
——————————————————————————————————————	Required Signature/Incorporator				Date		