P1200	00 58088				
(Requestor's Name) (Address)					
(Address) (City/State/Zip/Phone #)	500236907255				
Business Entity Name)	06/28/1201005008 **70.00				
(Document Number) Certified Copies Certificates of Status					
Special Instructions to Filing Officer:	FILED 12 JUN 28 PM 4: 15 SECRETARY OF STATE TALLAHASSEE, FLORID,				
Office Use Only					
	T. Burch JUN 2 9 2012				

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## **COVER LETTER**

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

## **SUBJECT: SOLID RESTORATION INCORPORATED** (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 JFiling Fee & Certificate of Status

& Certified Copy Certified Copy		& Certificate of Status
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FROM: Michael Schiffrin

Name (Printed or typed)

9200 South Dadeland Blvd, Suite 208

Address

Miami, Florida 33156

City, State & Zip

305-539-0000

Daytime Telephone number

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

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

ARTICLE I	In compliance with Chapter 607 and <b>NAME</b> SOLID RESTORATION	•	. ,			
The name of the cor	poration shall be:					
ARTICLE II	PRINCIPAL OFFICE					
Principal street address			Mailing address, if different is:			
<u>8</u>	360 West Flagler Street			·		
A M	uite 204 iami, Florida 33144					
ARTICLE III	DIDDASE					
	nich the corporation is organized is:				3.	
	<b>3</b>				ماند. م <sub>ا</sub> رد	
	Any and all lawful business.				4128	
	<u></u>			FIL JUN 28 CRETARY LANASS		
	SHARES					
The number of share	es of stock is: 100					
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	2				
	le:Robert D. Inguanzo, Pres/Director			Star CU		
Address:	8360 West Flagler Street	Address:		·····		
	Suite 204					
	Miami, Florida 33144	-				
Name and Tit	le:	Name and Title:				
Address:		Address:				
		. <del>.</del>				
Name and Tit	le:	Name and Title:				
Address:		Address:				
		-				
	REGISTERED AGENT					
	ida street address (P.O. Box NOT acceptable) of	he registered agent	t is:			
Name: Address:	Michael Schiffrin					
Audress.	9200 S. Dadeland Blvd, Suite 208 Miami, Florida 333156					
	-miami, Elunua 5551.50					
	INCORPORATOR					
	ress of the Incorporator is:					
Name: Address:	Robert D. Inguanzo					
Address:	8360 Flagler Street, Suite 204 Miami, Florida 33144					
Having been named	as registered agent to accept service of process	for the above state	ed corporat	ion at the place desig	nated ii	
inis cerujicate, i am	familiar with and accept the appointment as regis	terea agent and ag	gree to act ii	n this capacity I		
	AL-			c/2.10		
	Required Signature/Registered Agent					
	reduited pignarme/registered Agent			Date		

Required Signature/Incorporator

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4/30/12\_\_\_\_\_ Date