

P12000100803

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Olga Soler **DAVE**  
AUTHORIZATION BY PHONE TO  
CORRECT Add effective date  
DATE 12/11/12 12/12/12  
DOG. EXAM MRS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 DEC 10 PM 12:12

FILED

EFFECTIVE DATE 12/12/12

MRS  
12/11/12

## COVER LETTER

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

SUBJECT: Long Tail Products, 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: Olga Soler  
Name (Printed or typed)

PO Box 650667  
Address

Miami FL 33265  
City, State & Zip

305-562-9070  
Daytime Telephone number

Olga.a.Soler@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: Long Tail Products, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1300 SW 122 Ave #307  
Miami, FL 33184

Mailing address, if different is:

P.O. Box 650667  
Miami, FL 33265

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sales of general merchandise

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: Olga A. Soler, PDS  
Address: P.O. Box 650667  
Miami FL 33265

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Olga A. Soler  
Address: 1300 SW 122 Ave #307  
Miami, FL 33184

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Olga A. Soler  
Address: P.O. Box 650667  
Miami, FL 33265

**ARTICLE VIII EFFECTIVE DATE**  
12-12-12

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

Olga A. Soler  
Required Signature/Registered Agent

12-03-12  
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.

Olga A. Soler  
Required Signature/Incorporator

12-03-12  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA