P12000103644

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nly
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12 DEC 26 PM 4: 45
SECRETARY OF STATE
ALLAHASSEE FLORING

T. Burch DEC 27,2012

COVER LETTER

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

SUBJECT:	Del Sol Communications Corp.				
<u>-</u>	(PROPOSED CORPORA	FE NAME – <u>MÜST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	d 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 CO	PPY REQUIRED		
FROM:		Acosta (Printed or typed)			
	9986 SW	18 Street			
		FL 33174			
	City, 9 305-442	State & Zip 2-8019			
_	Daytime Te	elephone number			
	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)

	Principal of street address 9986 SW 18 Street	Mailing 1825 Ponce De Leon B	address, if different is:
,	Miami, FL 33174	Coral Gables, FL 331	
RTICLE III	PURPOSE	····	
he purpose for	which the corporation is organized is:		- co -
Consulting S RTICLE IV	SHADES	00 mar valva	FILED I 2 DÉC 26 PM SECRETARY OF ALLAHASSEELF
he number of sh	nares of stock is: 1000 Shares @ \$1.	oo par value	£ 5
RTICLE V		CTORS	## #
	Title: Ivan Acosta (Pres & Sec)	Name and Title:	
Address:	1825 Ponce De Leon Blvd # SASS Coral Gables, FL 33134	Address:	
	Coral Gaoles, FL 33134	_	
Name and ' Address:	Title:	Name and Title:	
114410551			
Name and '	Title:	Name and Title:	
Audress.			
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptation and Acceptation (Pres & Sec.)	able) of the registered agent is:	
Name: Address:	1825 Ponce De Leon Blvd # 5444		
	Coral Gables, FL 33134		
RTICLE VII			
ne name and a	ddress of the Incorporator is: Ivan Acosta (Pres & Sec)		
Name: Address:	1825 Ponce De Leon Blvd # 33444		
Name:	Coral Gables, FL 33134		
Name: Address:	Coral Gables, FL 33134	process for the above stated cor	poration at the place designated
Name: Address: Iaving been nai		process for the above stated cor t as registered agent and agree t	to act in this capacity
Name: Address: Having been nai	med as registered agent to accept service of am familiar with and accept the appointmen	t as registered agent and agree i	to act in this capacity
Name: Address: Having been nai	Coral Gables, FL 33134 med as registered agent to accept service of	t as registered agent and agree i	poration at the place designated to act in this capacity
Name: Address: Iaving been name is certificate, I submit this doc	med as registered agent to accept service of am familiar with and accept the Appointmen Required Signature/Registered Age cument and affirm that the facts stated here	t as registered agent and agree to ent ent are true. I am aware that th	o act in this capacity
Name: Address: Iaving been nathis certificate, I submit this doc	med as registered agent to accept service of am familiar with and accept the Appointmen Required Signature/Registered Age	t as registered agent and agree to ent ent are true. I am aware that th	o act in this capacity