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(Re	equestor's Name)	
.(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/21/13--01014--023 **113.75

10/21/13--01014--024 **113.75





COVER LETTER

Division of Corporations	
SUBJECT: Sotto Capital	g Florida Profit Corporation
Name of Resulting	g Florida Profit Corporation
	ticles of Incorporation, and fees are submitted to Florida Profit Corporation" in accordance with s.
Please return all correspondence concerning	g this matter to:
Charles Back Contact Person	
Sotto Capital Firm/Company	
2015 Howard Aue Ste	2 (06-322
TAMPA F 3360 City, State and Zip Code	6
CHAS @ Solto - Capita E-mail address: (to be used for future armual re	a Com port notification)
For further information concerning this mat	ter, please call:
Chaus J Buck Name of Contact Person	at (<u>B13</u>) 335 - Q 2 10 Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$105.00 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy □\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Charter Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Charter Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2013

RECEIVED
13 NOV-7 AN IO: 28
SECRETARY OF STATE
SECRETARY OF FLORIDA
SECRETARY OF FLORIDA

SOHO

CHARLES BRUCK SOTTO-CAPITAL 701 S HOWARD AVENUE, SUITE 106-322 TAMPA, FL 33606 SOHO

SUBJECT: SOTTO CAPITAL Ref. Number: W13000058720

SOHO

We have received your document for SOTTO CAPITAL and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 713A00024679

Division of Compositions DO POV 6207 Tellahorana Florida 2021



Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Sollo Capital, LLC Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a <u>limited liability Company</u> (Enter entity type. Example: limited liability company, limited partnership) general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws ofFlorida
(Enter state, or if a non-U.S. entity, the name of the country)
on
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
Florida
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Solo Capital The Enter Name of Florida Profit Corporation
6 7 1 70 Z
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this
document is filed by the Florida Department of State; AND 2) must be the same as the

effective date listed in the attached Articles of Incorporation, if an effective date is listed

therein.)

•	
Signed this 16 day of October	, 20 1 3
Required Signature for Florida Profit Corporat	tion:
Signature of Chairman, Vice Chairman, Director, Obeen selected, an Incorporator: Printed Name: Title:	Officer, or, if Directors or Officers have not
Required Signature(s) on behalf of Other Busines signature(s).]	s Entity: [See below for required
Signature: Printed Name: Adam Harden	_ Title:
Signature: Adam Harden	_Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	>.
All others: Signature of an authorized person.	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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:	Capital SOHO Capital, Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
2300 W Horatio St TAMPA FI 33609	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized. Real Estate + Develop	
	<u> </u>
ARTICLE IV SHARES The number of shares of stock is:	F
ARTICLE V INITIAL OFFICERS AND/C	OR DIRECTORS
Name and Title: Charles Back	Name and Title:
Address: 20 S Howard Ave	
Tampa PL 3360	
Address: 7015 Howard Ave 1	010-322-Address:
Tampa M 3360	<u> </u>
Name and Title:	Name and Title:
Address:	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box No.	OT acceptable) of the registered agent is:
Name: Chales Paul	or acceptance of the regional and all to.
Address: 701 S Howard Av. 1	1010-322
Tan na K1 23/00	

ARTICLE	E VII INCORPORATOR
The <u>name</u>	and address of the Incorporator is:
Name:	Charles Back
Address:	701 S Howard Ave 106-322
	Tampa Kl 33606
	,
******	************
designated	en named as registered agent to accept service of process for the above stated corporation at the place In this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this
capacity	
	Mb/13
	Required Signature/Registered Agent Date
	this document and affirm that the facts stated herein are true. I am aware that any false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	GM 10/16/13
	Required Signature/Incorporator Date