## PIADXXXIII

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PICK-UP WAIT MAIL			
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(Document Number)			
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SECRETARY OF STATE
THE SHARRESEE FLORID.

## **COVER LETTER**

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

SUBJECT: KOCK Solid VENTURES CAP INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
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 Fec & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Lloys J Goo	Printed or typed)	···········		
14350 SR 50th	S7 ddress			
Mossis Ton FL 32668 City, State & Zip				

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

Fock Solid Ventures, inceamil. Com E-mail address: (to be used for future annual report notification)

(B45) 518 - 0673

Daytime Telephone number

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

PTICLE II PRINCIPAL OFFICE  Principal street addres	SS	Mailing address,	if different is:
350 SR 50 H ST			
orriston, FL 3:	<u> </u>		
PURPOSE  c purpose for which the corporation is organ	nized is: All Leg 1	AL Bus	swess
e number of shares of stock is: 0000		1	
PTICLE V INITIAL OFFICERS A	Name and	Title: Lloyd	Good
e number of shares of stock is: 0000  PTICLE V INITIAL OFFICERS A		Title: Lloyd	Good
number of shares of stock is: 0000  TICLE V INITIAL OFFICERS A  Name and Title:	Name and Address:	Title: Lloyd	Good
Name and Title: 150 SE.  Address 14350 SE.	Name and 501 57 Address: + 1 32498		
Name and Title: 1350 SE.	Name and SOTST Address: FL 32468  Name and		
Name and Title:	Name and 501 57 Address: + 1 32498		
Name and Title:  Name and Title:  Name and Title:  Address  Name and Title:  Address	Name and		
Name and Title:  Name and Title:  Name and Title:  Address  Name and Title:  Address	Name and	Title:	SECULIA SEL TEGR
Name and Title:  Name and Title:  Name and Title:  Address  Name and Title:  Address	Name and		SECULIA SEL TEGR

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	<del>-</del>
Name: Lloyd Goodno	<u>· · · · · · · · · · · · · · · · · · · </u>
Address: 14350 SR 50 th	- ST
Name: Lloyd Goodno Address: 14350 SR 50th MOUTIS 702, FL 3	2618
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: L648 G00  Address: 14350 SE 50	drow
Address: 14350 SB 50	oth gt
MOTUSTON, FL	
	ce of process for the above stated corporation at the place designated in nument as registered agent and agree to act in this capacity
//////////////////////////////////////	5/19/2014
Required Signature/Registered	d Agent Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third	d herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S.
M//m-	5/19/2014
Required Signature/Incorpo	orator Date