

P/4000048871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

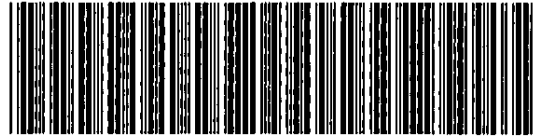
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700260731907

06/04/14--01029--007 **78.75

FILED

14 JUN -4 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 06/06/14

COVER LETTER

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

SUBJECT: **FLYBY SOLUTIONS, 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: **EL DORAL BUSINESS SOLUTIONS, CORP**

Name (Printed or typed)

9737 NW 41 ST. NO. 340

Address

MIAMI, FL. 33178

City, State & Zip

786-325-6513

Daytime Telephone number

linciarte@eldbs.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 OF
FLYBY SOLUTIONS, INC.**

The undersigned, for the purpose of forming a corporation under the Florida Business Corporations Act do hereby adopt the following Articles of Incorporation:

**ARTICLE I
NAME**

The name of the corporation is **FLYBY SOLUTIONS, INC.**

**ARTICLE II
OFFICES**

The principal place of business and mailing address of this corporation shall be:

**79 SW 12 ST. UNIT 1402
Miami Fl. 33130**

The corporation may have such other offices, either within or without the State of Florida, as the board of directors may designate, or as the business corporation may require from time to time.

**ARTICLE III
PURPOSE**

To provide operating advice and assistance to businesses and other organizations on telecommunications services.

To engage or transact in any or all lawful activities or business permitted under the law of the United States, under the Florida Business Corporation Act.

**ARTICLE IV
CAPITALIZATION AND SHARES**

The number of shares which the corporation is authorized to issue is 15000 common shares at \$ 1.00 par value.

Prepared By:
El Doral Business Solutions, Corp.
9737 NW 41 St. # 340
El Doral-Fl. 33178
(786) 325-6513

**ARTICLE V
REGISTERED AGENT**

FILED
14 JUN -4 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name and address of the initial registered agent shall be:

EI DORAL BUSINESS SOLUTIONS, CORP
9737 NW 41 ST. No. 340
Miami FL. 33178

ARTICLE VI
DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by an amendment of the bylaws of the corporation on the manner provided by law, but shall never be less than one (1).

The name and address of the initial director of this corporation is:

LUIS SCHNEIDER
79 SW 12 ST. UNIT 1402
MIAMI FL. 33130



LUIS SCHNEIDER
P- V- T- S

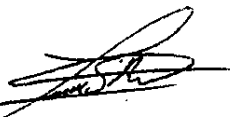
ARTICLE VII
INCORPORATES

The name and address of the person signing these Articles of Incorporation is:

PRESIDENT
LUIS SCHNEIDER
79 SW 12 ST. UNIT 1402
MIAMI FL. 33130

The undersigned have executed these Articles of Incorporation this

02 day of June 2014



Signature P-V-T-S

FILED
14 JUN -4 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statements in designating the registered office / registered agent, in the State of Florida.

1. - The name of the corporation is: FLYBY SOLUTIONS, INC.

2. - The name and address of the registered agent and office is:

EL DORAL BUSINESS SOLUTIONS, CORP.
9737 NW 41 ST. No. 340
MIAMI - FL. 33178

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Signature Registered Agent: LUISA INCIARTE
Date: 02/06/2014

FILED
14 JUN -4 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA