

NOV-04-2014 11/4/2014

From: 305-36009

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : JOSE PEREZ
Account Number : 120130000083
Phone : (305)436-0093
Fax Number : (305)436-0094

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV -4 AM 11:52

APPROVED
AND
FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MDS SOLAR SOLUTIONS CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED NOV 04 2014

Electronic Filing Menu

Corporate Filing Menu

Help

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NOVEMBER 04TH, 2014

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of NDS SOLAR SOLUTIONS CORP
Of Doc # PI3 000010193 are the same owners of the attached
articles of incorporation. We have dissolved the company and have no intention of
reopening it. Thank you for you help in this matter.

Very sincerely

HANUEL DA SILVA

COVER LETTER

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

SUBJECT: MDS SOLAR SOLUTIONS CORP

(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: SONIA BOTERO

Name (Printed or typed)

7325 NW 36TH ST

Address

MIAMI FL 33166

City, State & Zip

(305) 4360093

Daytime Telephone number

master@jpgbusiness.com

E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

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

14 NOV -4 AM 11:53

ARTICLE I NAME

The name of the corporation shall be:

MDS SOLAR SOLUTIONS CORP

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

**9737 NW 41ST ST STE 465
DORAL FL 33178**

Mailing address, if different is:

**9737 NW 41ST ST STE 465
DORAL FL 33178**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IMPORT AND EXPORT OF DURABLE GOODS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

P./ DA SILVA, MANUEL

Address

**9737 NW 41ST ST 465
DORAL FL 33178**

Name and Title:

VP./ DA SILVA, MANUEL A

Address:

**9737 NW 41ST SY STE 465
DORAL FL 33178**

Name and Title:

DIR./ DA SILVA, ALEJANDRO

Address

**9737 NW 41ST ST STE 465
DORAL FL 33178**

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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From:3054360094

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AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JP GLOBAL BUSINESS SOLUTIONS INC
Address: 7325 NW 36TH ST
MIAMI FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DA SILVA MANUEL
Address: 9737 NW 41ST ST STE 465
DORAL FL 33178

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



Required Signature/Registered Agent

11/4/14

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.

MANUEL DA SILVA

Required Signature/Incorporator

11/04/14

Date