

Florida Department of State **Division of Corporations**

Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: JOSE PEREZ

Account Number : I20130000083 Phone

; (305)436-0093

Fax Number

: (305)436-0094

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

Email	Address	1	_	

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 0 4 2014

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Help



NOVEMBER 04TH, 2014

Florida Department of State

Attention: New Fillings Section

To whom it may concern:

This is to advise you that the owners of NDS SOLAR SOUTIONS CORP

Of Doc # P13 000010103 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

MANUEL DA SILVA

COVER LETTER

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

SUBJECT: MDS SOLAR SOLUTIONS CORP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00	\$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED

FPOM:	SONIA BOTERO			
rkow.	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.

NOV-04-2014 19:11

From:3054360094

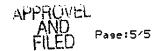


ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profil) NOV -4 AM 11: 53

ICLE II PI	UNCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
37 NW 4	1ST ST STE 465_	9737	NW 41ST ST STE 465
RAL FL	33178	DOR	AL FL 33178
ICLE III PU	RPOSE h the corporation is organized is:	AND EXPOR	T OF DURABLE GOODS
	·		
. <u> </u>			
TICLE IV Sinumber of shares	HARES 1000		
number of shares	OI SOCIA IS.		
number of shares	VITIAL OFFICERS AND/OR DIRECTOR		VP/DASILVA MANUFI
number of shares	VITIAL OFFICERS AND/OR DIRECTOR	LS Name and Title	·
number of shares	OTTIAL OFFICERS AND/OR DIRECTOR itle: P./ DA SILVA, MANUEL 9737 NW 41ST ST 465		9737 NW 41ST SY STE 46
number of shares TCLE V H Name and T	VITIAL OFFICERS AND/OR DIRECTOR	Name and Title	9737 NW 41ST SY STE 46
number of shares TCLE V II Name and T Address	OTSIGNATURE OF FICERS AND/OR DIRECTOR itle: P./ DA SILVA, MANUEL 9737 NW 41ST ST 465 DORAL FL 33178	Name and Title	9737 NW 41ST SY STE 46 DORAL FL 33178
Name and Ti	OTTIAL OFFICERS AND/OR DIRECTOR itle: P./ DA SILVA, MANUEL 9737 NW 41ST ST 465	Name and Title Address: Name and Title	9737 NW 41ST SY STE 46 DORAL FL 33178
number of shares TCLE V II Name and T Address	P./ DA SILVA, MANUEL 9737 NW 41ST ST 465 DORAL FL 33178	Name and Title Address:	9737 NW 41ST SY STE 46 DORAL FL 33178
Name and T Address Name and Ti Address	P./ DA SILVA, MANUEL 9737 NW 41ST ST 465 DORAL FL 33178 tlc: DIR./ DA SILVA, ALEJANDRO 9737 NW 41ST ST STE 465 DORAL FL 33178	Name and Title Address: Name and Title Name and Title Address:	9737 NW 41ST SY STE 46 DORAL FL 33178
Name and T Address Name and Ti Address	P./ DA SILVA, MANUEL 9737 NW 41ST ST 465 DORAL FL 33178 tlc: DIR./ DA SILVA, ALEJANDRO 9737 NW 41ST ST STE 465	Name and Title Address: Name and Title Address: Name and Title	9737 NW 41ST SY STE 46 DORAL FL 33178

NOV-04-2014 19:11

From:3054360094



14 NOV -4 AM 11: 53 (conti.)

		S TA	SECRETARY OF STATE ALLAHASSEE, FLORIDA
Name and Title:		Name and Title:	Tabo
Address		Address:	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered age	ent is:
Name:	JP GLOBAL BUSINESS SOLUTIONS INC		
Address:	7325 NW 36TH ST		
	MIAMI FL 33166		
ARTICLE VII	INCORPORATOR dress of the Incorporator is:		
Name:	DA SILVA MANUEL		
Address:	9737 NW 41ST ST STE 465		
	DORAL FL 33178		
Having been nan	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above sta istered agent and	sted corporation at the place designated in agree to act in this capacity
	- DSGA -		11/4/14
	Roquired Signature/Registered Agent		Dak
I submit this doc document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am awarc y ax provided for	that the false information submitted in a in s.817.155, F.S.
MANUEZ :	DA SILVA Required Signature/Incorporator		11 104 14 Date