

P/500053400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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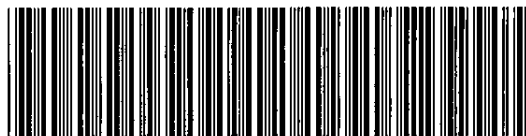
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 23 2015
S. GILBERT

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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FILING

Inc

1.

Solorzano Maritime Services, Inc
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

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

SUBJECT: SOLORZANO MARITIME SERVICES, 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: GONZALO NIETO
Name (Printed or typed)

6621-A Hollywood Blvd.
Address

Los Angeles, CA 90028
City, State & Zip

(310) 729-6692
Daytime Telephone number

GNETO@ZION-CONSULTING.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
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: SOLORZANO MARITIME SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
260 NE 211 STREET
MIAMI, FL 33179

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OPERATE, MAINTAIN &
REPAIR PRIVATE & COMMERCIAL YACHT & OTHER
VESSELS.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LUIS SOLORZANO</u>	Name and Title:	
Address	<u>PRESIDENT</u>	Address:	
	<u>260 NE 211 STREET</u>		
	<u>MIAMI, FL 33179</u>		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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: LUIS SOLORZANO
Address: 260 NE 211 STREET
MIAMI, FL 33179

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: GONZALO NIETO
Address: 6621-A Hollywood blvd.
LA, CA 90028

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6-18-2015

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.

Required Signature/Incorporator

JUN 18, 2015

Date