

P 15000088726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

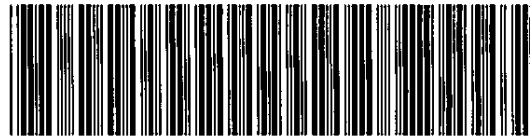
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300277991023

10/23/15--01008--019 \*\*78.75

FILED  
15 OCT 23 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/29/15

## COVER LETTER

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

SUBJECT: SOL YACHT, 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: ERZON DAWSON  
Name (Printed or typed)

5015 CENTER ST.  
Address

JUPITER, FL 33458  
City, State & Zip

561-531-0021  
Daytime Telephone number

solyachtservices@gmail.com  
E-mail address: (to be used for future annual report notification)

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

FILED  
15 OCT 23 PM 2:51  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 10/20/15

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be: SOL YACHT, INC.

15 OCT 23 PM 2:51

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

5015 CENTER ST.

JUPITER, FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: boat cleaning

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERRON DAWSON / OWNER

Name and Title: \_\_\_\_\_

Address 5015 CENTER ST.

Address: \_\_\_\_\_

JUPITER, FL 33458

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: ERZON DAWSON  
Address: 5015 CENTER ST.  
JUPITER, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERZON DAWSON  
Address: 5015 CENTER ST.  
JUPITER, FL 33458

FILED  
15 OCT 23 PM 2:51  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/20/15 (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

10/20/15

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

10/20/15

Date