

AL000002102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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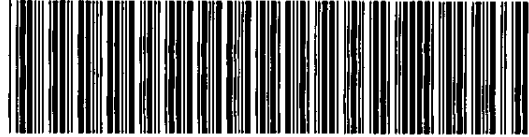
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/29/15--01005--006 **70.00

FILED
15 DEC 29 AM 5:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

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

SUBJECT: _____

SBC 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: _____

Carlos Lopez

Name (Printed or typed)

14437 SW 158 Place

Address

Miami, FL 33196

City, State & Zip

305-968 3000

Daytime Telephone number

cmlopez1@usa.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: SDE Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

144 37 SW 158 Place

Miami, FL 33196.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful
business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Carlos Lopez

President

Name and Title:

Address

144 37 SW 158 Place

Address:

Miami, FL 33196.

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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MILWAUKEE, WISCONSIN

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: Carlos Lopez

Address: 14437 SW 158 Place

Miami, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos Lopez

Address: 14437 SW 158 Place

Miami, FL 33196

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

12-23-15

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

12-23-15

Date