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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	MAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

WISWOF653

MAR 1 0 2016

T. SCOTT



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11/19/15--01017--023 **78.75

16 FEB 29 AM ID: 51



February 2, 2016

C— MARTIZA CUBAS CHEVEZ 3699 KIRK RD LAKE WORTH, FL 33461

SUBJECT: SOLO CORPORATION CORP

Ref. Number: W15000078653

We have received your document for SOLO CORPORATION CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 516A00002181

COVER LETTER

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

SUBJECT:	LO CC		LYMAR'S	•	ction Corp.	
		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	origir	nal and one (1) copy of the art	icles of incorporation and	d a check for:		
☐ \$70.0 Filing Fe		\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:	Mari	za Cubas Chevez				
			(Printed or typed)			
3699 Kirk Rd						
Address						
	Lake	Worth Florida 33461				
	City, State & Zip					
Daytime Telephone number						
	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)

CLE II PRINC				
Principal <u>street</u> address 99 Kirk Road		Mailing address, if different is: 3699 Kirk Road		
Worth Florida 334	461	Lake Worth Florida 33461		
CLE III PURPO ourpose for which t	OSE Generation is organized is:	ral construction, painting, tiling, drywall, gen	eral home repairs	
	V 1 IL OFFICERS AND/OR DIRECTOR	<u></u>		
	L OFFICERS AND/OR DIRECTOR		16 FE	-
CLE V INITIA	V 1 IL OFFICERS AND/OR DIRECTOR	<u>s</u>	16 FEB 21	
CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTOR Maritza Chevez	Name and Title:		
CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTOR :: Maritza Chevez 3699 Kirk Road	Name and Title:	N	
Name and Title	L OFFICERS AND/OR DIRECTOR :: Maritza Chevez 3699 Kirk Road	Name and Title:	N	
CLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTOR Maritza Chevez 3699 Kirk Road Lake Worth Florida 33461	Name and Title:	29 AM ID: 52	
CLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTOR Maritza Chevez 3699 Kirk Road Lake Worth Florida 33461	Name and Title: Name and Title: Name and Title:	29 AH ID: 52	
Name and Title Address Name and Title	Maritza Chevez 3699 Kirk Road Lake Worth Florida 33461	Name and Title: Name and Title: Name and Title:	29 AH ID: 52	
Name and Title Address Name and Title	Maritza Chevez 3699 Kirk Road Lake Worth Florida 33461	Name and Title: President	29 AH (D: 52	
CLE V INITIA Name and Title Address Name and Title: Address	Maritza Chevez 3699 Kirk Road Lake Worth Florida 33461	Name and Title: Address: Name and Title: Address:	29 AH ID: 52	
CLE V INITIA Name and Title Address Name and Title: Address	Maritza Chevez 3699 Kirk Road Lake Worth Florida 33461	Name and Title: President	29 AH ID: 52	

Name a	nd Title:	Name and Title:
Addres	SS	Address:
		·
ARTICLE VI	REGISTERED AGENT	
Name:	Florida street address (P.O. Box NOT acceptable Maritza Chevez	e) of the registered agent is:
Address:	3699 Kirk Rd	
Audress:	Lake Worth Florida 33461	The second secon
	-	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	Maritza Chevez	
Address:	3699 Kirk Rd	to a super-
	Lake Worth Florida 33461	
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca filing.)	1-2016. (OPTIONAL) nnot be more than five business days prior or 90 business
Note: If the dat the document's	e inserted in this block does not meet the applica effective date on the Department of State's recor	ble statutory filing requirements, this date will not be listed as ds.
Having been na this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment as	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	Required Signature/Registered Agent	
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein (Department of State constitutes a third degree fo	are true. I am aware that the false information submitted in a elony as provided for in s.817.155, F.S.
	ired Signature/Incorporator	± //////S
Requ	ired Signature/Incorporator	Date