

PI6000032699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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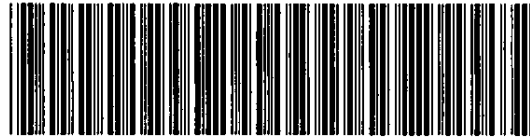
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/08/16--01013--001 **87.50

FILED
16 APR -8 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

COVER LETTER

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

SUBJECT:

Solomon's Vending 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:

Tejan Marshall-Chin

Name (Printed or typed)

3776 Inverrary Blvd APT 303

Address

Lauderhill FL 33319

City, State & Zip

954-739-7535

Daytime Telephone number

Tejan Marshall @ Gmail. 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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Solomon's Vending Inc.

16 APR -8 PM 5:00

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

3776 Inverrary Blvd APT 303

Mailing address, **SECRETARY OF STATE**
FLORIDA

Lauderhill, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Distributing beverages.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED

Name and Title: _____

Name and Title: _____

16 APR -8 PM 5:00

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Tejan Marshall-Chin

Address: _____

3776 Inverrary Blvd APT 303

Lauderhill, FL 33319

ARTICLE VII INCORPORATOR

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

Name: _____

Soleman's Vending Inc.

Address: _____

3776 Inverrary Blvd APT 303

Lauderhill, FL 33319

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/06/16 (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

Tejan Marshall-Chin
Required Signature/Registered Agent

4/06/16
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.

Tejan Marshall-Chin
Required Signature/Incorporator

4/06/16
Date