

P16000039869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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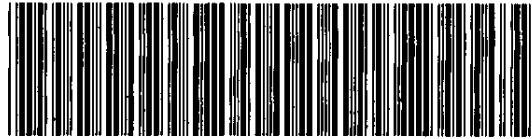
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W16-28846

04/13/16--01014--027 **87.50

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16 MAY -9 PM 1:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

05-02-1
9

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

Solar Axiom Corp.

SUBJECT: _____
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
· ADDITIONAL COPY REQUIRED	

Angelique Mathena
FROM: _____
Name (Printed or typed)
4807 N. Hale Ave.

Address
Tampa, FL 33614

City, State & Zip
813-251-6070

Daytime Telephone number
angelique@mgigate.net

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2016

ANGELIQUE MATHENA
4807 N HALE AVE
TAMPA, FL 33614

SUBJECT: SOLAR AXION CORP.
Ref. Number: W16000028846

We have received your document for SOLAR AXION CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 816A00008074

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

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

ARTICLE I NAME

Solar Axiom Corp,

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

4807 N, Hale Ave.

Tampa, FL 33614

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

To deliver the best service to enable consumers to use renewable energy in a

relationship that makes the environment, employees, communities, customers and shareholders

our priority.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

ARTICLE IV SHARES

2000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TAMPA FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Angelique Mathena

Address: 4807 N. Hike Ave

Tampa, FL 33614

ARTICLE VII INCORPORATOR

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

Angelique Mathena

Name: _____

4807 N. Hale Ave.

Address: _____

Tampa, FL 33614

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

Angelique Mathena
Required Signature/Registered Agent

4-26-2016
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.

Angelique Mathena
Required Signature/Incorporator

04/11/2016
Date

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