

From:

P16000043223

05/18/2016 3:37:52 PM Page 1 of 1

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001208623)))



H160001208623ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

RECEIVED

16 MAY 18 AM 9:40

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
SOLIDEX INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

16 MAY 18 PM 2:18

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*msm*

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I NAME** SOLIDEX INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address Mailing address, if different is:  
1000 5TH ST., STE 200 \_\_\_\_\_  
MIAMI BEACH, FL 33139 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: GENERAL BUSINESS PURPOSE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 10,000 at \$10 par value  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MELYNDA TEDDER, PRESIDENT Name and Title: \_\_\_\_\_  
Address: 458 SOUTH 3RD ST Address: \_\_\_\_\_  
MACCLENNY, FL 32063 \_\_\_\_\_  
\_\_\_\_\_  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 18 PM 2:18

From:

05/18/2016 08:37

#624 P.004/004

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: MELYNDA TEDDER  
 Address: 458 SOUTH 3RD ST.  
MACCLENNY FL 32063

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 16 MAY 18 PM 2:18

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MELYNDA TEDDER  
 Address: 458 SOUTH 3RD ST.  
MACCLENNY FL 32063

**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*

Melynda Tedder  
 Required Signature/Registered Agent

5-13-16  
 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.817.135, F.S.*

Melynda Tedder  
 Required Signature/Incorporator

5-13-16  
 Date