

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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

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FLORIDA PROFIT/NON PROFIT CORPORATION SOLIDEX INC.

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Electronic Filing Menu

Corporate Filing Menu

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MIM

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

<i>RTICLE II PR</i> 000 5TH ST., STE	INCIPAL OFFICE Principal street address 2 200	Mailing addre	Mailing address, if different is:	
IAMI BEACH, F				
	ch the corporation is organized is:	L BUSINESS PURPOSE		
TICLE IV SH.	1RES 10,000 at \$.10 par value of stock is:		5 7 7	
			ග	
TICLE V INI	TIAL OFFICERS AND/OR DIRECTORS		79	
TICLE V INI	TIAL OFFICERS AND/OR DIRECTORS TITLE: 458 SOUTH 3RD ST	Name and Title:	PM 2:1	
Name and T	TIAL OFFICERS AND/OR DIRECTORS TITLE: 458 SOUTH 3RD ST	Name and Title:	PH 23	
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: MELYNDA TEDDER, PRESIDENT 458 SOUTH 3RD ST	Name and Title: Address:	PH 23 18	
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS inle: MELYNDA TEDDER, PRESIDENT 458 SOUTH 3RD ST MACCLENNY, FL 32063	Name and Title: Address: Name and Title: Address:	PH 23 18	
Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS MELYNDA TEDDER, PRESIDENT 458 SOUTH 3RD ST MACCLENNY, FL 32063	Name and Title: Address:Name and Title: Address:	PH 23 - 18	
Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS MELYNDA TEDDER, PRESIDENT 458 SOUTH 3RD ST MACCLENNY, FL 32063	Name and Title: Address:Name and Title: Address:	PH 23 - 18	

Name i	and Title:	Name and Title:
Addre	ss	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	MELYNDA TEDDER	
Address:	458 SOUTH 3RD ST.	5 25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	MACCLENNY FL 32063	
ARTICLE VII	INCORPORATOR	SSEED ASSEED PM
The <u>name and a</u>	ddress of the Incorporator is:	S - 2
Name:	MELYNDA TEDDER	<u> </u>
Address:	458 SOUTH 3RD ST.	— 8 <u>D</u> M
	MACCLENNY FL 32063	<u> </u>
Effective date, if (If an effective days after the fit Note: If the date	ling.)	nnot be more than five business days prior or 90 business ble statutory filing requirements, this date will not be listed as
Having been name this certificate, I defined	ned as registered agent to accept service of pro- am familiar with and accept the appointment as A L L L L L Required Agent	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity 6-13-16 Date
		t. I am aware that the faise information submitted in a
Melly	de Leddu d Signature Incorporator	5-13-16 Date