P16000092761

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
·	·	•		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



000292319660

11/18/16--01014--012 **78.75

SECREPARY OF SECRE

11/22/16

<u>AFFIDAVIT</u>

SECUNDATION OF CONTRACT.

BEFORE ME, the undersigned authority, on this day personally appeared ABUD, QMAR, who after being firstly duly sworn, under oath, deposes and says:

- 1. The undersigned is also the President of PLANETEC SOLUTIONS CORP a Florida corporation to be filed with the Florida Department of State on or about NOVEMBER 14, 2016.
- 2. The undersigned hereby consents to and authorizes the use by ABUD, OMAR of the name PLANETEC SOLUTIONS CORP.
- 3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

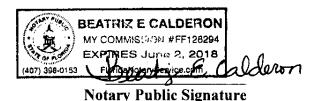
FURTHER AFFIANT SAYETH NAUGHT.

ABUD OMAR
PLANETEC SOLUTIONS CORP

STATE OF FLORIDA)
SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, ABUD, OMAR who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 14 day of November, 2016



COVER LETTER

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

SUBJECT: PLANE	TEC SOLUTIONS CORP		
SOBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM: <u>-</u>	PLUS OF MIAMI INC Nam 0 NW 82 AVE SUITE 404	e (Printed or typed)	
		Address	
DO	RAL FL 33166		
	City	State & Zip	
305	4063800		
NEL	JZ ESAR@YAHOO.COM	Selephone number	
	E-mail address: (to be use	d for future annual report i	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)

	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing address,	if different is:
3650 NW 82ND AVE	STE 404	3650 NW 82ND AVE ST	E 404
DORAL FL 33166		DORAL FL 33166	
ADDICE STATE DATE	OSE the corporation is organized is:	ALL LAWFUL BUSINESS.	
			<u> </u>
		· · · · · · · · · · · · · · · · · · ·	
	····		
			70 % in
ARTICLE IV SHAR The number of shares of	<u>ES</u> 100 stock is:		2: 15
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		
		_ Name and Title:	
	OMAR ABUD 1387 PIAZZA DELLE PALLOTTOLE	A . # . #	
Name and Title	e: OMAR ABUD 1387 PIAZZA DELLE PALLOTTOLE	A . # . #	
Name and Title	OMAR ABUD 1387 PIAZZA DELLE PALLOTTOLE BOYNTON BEACH FL 33426	Address:	
Name and Title	OMAR ABUD 1387 PIAZZA DELLE PALLOTTOLE	Address:	
Name and Title	OMAR ABUD 1387 PIAZZA DELLE PALLOTTOLE BOYNTON BEACH FL 33426	Address: Name and Title: Address:	
Name and Title Address Name and Title	OMAR ABUD 1387 PIAZZA DELLE PALLOTTOLE BOYNTON BEACH FL 33426	Address:	
Name and Title Name and Title Address	OMAR ABUD 1387 PIAZZA DELLE PALLOTTOLE BOYNTON BEACH FL 33426	Address:	
Name and Title Name and Title Address	OMAR ABUD 1387 PIAZZA DELLE PALLOTTOLE BOYNTON BEACH FL 33426	Address: Name and Title: Name and Title:	

Name :	and Title:	Name and Title:
Addre	ess	Address:
	REGISTERED AGENT	
The <u>name and</u>	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	ABUD, OMAR	
Address:	3650 NW 82ND AVE STE 404	
	DORAL FL 33166	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The <u>name and</u>	address of the Incorporator is:	NON SECULAR SECURIAR SECULAR S
Name:	ABUD OMAR	3 € € € € € € € € € € € € € € € € € € €
Address:	3650 NW 82ND AVE STE 404	—————————————————————————————————————
Addicas.	DORAL FL 33166	
		—— o 25
ARTICLE VII	I EFFECTIVE DATE:	(OPTIONAL)
	if other than the date of filing:e date is listed, the date must be specific and o	annot be more than five days prior or 90 days after the
	ate inserted in this block does not meet the appli s effective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed as ords.
Having been n this certificate,	named as registered agent to accept service of p I am familiar with and accept the appointment	rocess for the above stated corporation at the place designated i as registered agent and agree to act in this capacity
	Omax alrid	11/14/16
	Required Signature/Registered Agen	t Date
	locument and affirm that the facts stated herei he Department of State constitutes a third degree	n are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.
	\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc	11/14/16
Re	quired Signature/Incorporator	Date