

P17000077608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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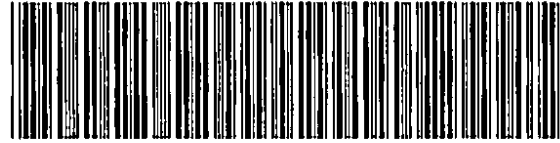
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 27 2017

T. SCOTT

## COVER LETTER

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

SOLUTION INTERNATIONAL 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

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

HECTOR MIGUEL SANCHEZ MIRANDA  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)

2678 SAINT JOHNS BLUFF RD S  
\_\_\_\_\_  
Address

JACKSONVILLE FL 32246  
\_\_\_\_\_  
City, State & Zip

904 414 1033  
\_\_\_\_\_  
Daytime Telephone number

lluismartinez45@yahoo.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)

### ARTICLE I NAME

The name of the corporation shall be: SOLUTION INTERNATIONAL CORP

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
2678 SAINT JOHNS BLUFF RD S  
JACKSONVILLE FL 32246

Mailing address, if different is:  
P.O.BOX 16672  
JACKSONVILLE FL 32245-5047

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL SERVICES, MAINTENANCE, AND ALL LEGAL  
WORKS ALLOWED BY THE STATE OF FLORIDA

### ARTICLE IV SHARES

The number of shares of stock is: 1

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>HECTOR MIGUEL SANCHEZ MIRANDA</u>	Name and Title:	_____
Address	<u>PRESIDENT</u>	Address:	_____
	<u>2678 SAINT JOHNS BLUFF RD S</u>		_____
	<u>JACKSONVILLE FL 32246</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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: HECTOR MIGUEL SANCHEZ MIRANDA

Address: 2678 SAINT JOHNS BLUFF RD S

JACKSONVILLE FL 32246

**ARTICLE VII INCORPORATOR**

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

Name: HECTOR MIGUEL SANCHEZ MIRANDA

Address: 2678 SAINT JOHNS BLUFF RD S

JACKSONVILLE FL 32246

**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 days prior or 90 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*

Hector Miguel Sanchez Miranda Hector  
Required Signature/Registered Agent

9-18-17  
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.*

Hector Miguel Sanchez Miranda Hector  
Required Signature/Incorporator

9-18-17  
Date