Division of Corporations Electronic Filing Cover Sheet

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To:			
	Division of Corporations		<u> </u>
	Fax Number	: (850)617-6381	. <u></u>
From:			<
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	. N.
	Account Number	: 120000000019	- 🔾
	Phone	: (305)552-5973	-13
	Fax Number	: (305)675-5944	111
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*Enter an:	the email addres	s for this business entity to be used for future ings. Enter only one email address please.**	an O

FLORIDA PROFIT/NON PROFIT CORPORATION SOL CHILS TRANSPORTATION CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Sol Chils transportation Corp.		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
9301 5W 37 St. MANI FL 33165		
ARTICLE III SHARES: The number of shares of stock is: // //		
ARTICLE IV . INITIAL DIRECTORS AND/OR OFFICERS:		
RAUL PORENZO Chils. (P)		
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		٠,٢
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
KAUL LORENZO ChiLS		
<u>9301. SW 37 ST</u>		
RAUL LORENZO ChILS 9301. SW 37 ST MIAMI, FC. 33165.		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
RAUL LURENZO CHILS		
9301 SW 37 ST.		
HIMM 12 23/65		

Required Signatures:

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

Registered Agent 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.

Interperator Date