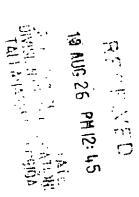
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	_
<i>:</i>	
∴ Office Use Only	



900333796209

08/26/19--01003--023 ++70.00



FILED

AUG 27 2019

K Brumbley

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SOLAR IRON CORP	)			
	·	<del>.</del>		
	<del></del>			
				;
		<del></del>		·
	_ <del>_</del>		<del></del>	Art of Inc. File
				LTD Partnership File
			<b>—</b>	Foreign Corp. File
			<del></del>	L.C. File
				Fictitious Name File
				Trade/Service Mark
			<del></del> -	Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			<del></del>	Cert. Copy
			<del></del>	Photo Copy
			<del></del>	Certificate of Good Standing
			<del></del>	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
	_ <b></b> _	— — <del>— — —</del>		Driving Record
Requested by: Seth	08/26/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC    Retrieval
Walk-In	Will Pick Up			Courier

## **COVER LETTER**

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

	l			
SUBJECT: SOLAR IRON CORP.				
(FROPOSED CORPORA	ATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED			
FROM: <u>Mimi Bared</u> Name	(Printed or typed)			
201 Alhambra Circle, Su	ite 501			
Coral Gables, FL 33134	State & Zip			
305-666-6010 Daytime To	elephone number			
mimi@baredlaw.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 SOLAR IRON CORE	<b>5</b>		Ļ
The name of the co	orporation shall be:			
ARTICLE II	PRINCIPAL OFFICE			l
	Principal street address		Mailing ad	dress, if different is:
:	201 Alhambra Circle		ivianning au	oress, it different is:
	Suite 501		<del></del> -	
	Coral Gables, FL 33134			
				<del></del>
ARTICLE III				
	which the corporation is organized is:			≥
ANY AND AL	L LAWFUL BUSINESS			SEC ALL
				18条   7   二
				AUG 26 RETARY ANASSEE
ADDIOLD DI	CILABRO			م <del>وسون</del>
ARTICLE IV	SHARES res of stock is:100 at 100 PAN Va	. حيرا.		
ine number of sna	ires of stock is: IUU at 1   1110 Va	fine.		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	MDC		ਜੋੜੇ <b>\</b>
Name and Ti	itle:Eduardo Gama y Pizarro, P.S. [	) Name	and mide.	
Address:	201 Alhambra Circle	Z Name	and the:	
	Suite 501	Addre		<del> </del>
	Coral Gables, FL 33134	<del></del>		
	1.01at (5ables, FL 55.154			
Name and Ti	itle:	Name	and Title:	1
Address:		Addre	SS:	
			<del>-</del> -	
			<del></del>	
Name and Ti	tle:	Name	and Title:	
Address:		Addre	ss:	
				1
ARTICLE VI	REGISTERED AGENT			
The name and Flor	rida street address (P.O. Box NOT acceptable	e) of the regio	tered appet in	T.
Name:	Pablo R. Bared	c) of the regis	tered agent is.	
Address:	201 Alhambra Circle, Suite 50:	<del></del>		<u> </u> 
	Coral Gables, FL 33134	<b>-</b>		ļ
	320131 Clauses, C1 33 1 34	<del>_</del>		j
ARTICLE VII	INCORPORATOR			
	ress of the Incorporator is:			
Name:	Pablo R. Bared, Esq			
Address:	201 Alhambra Circle, Suite 501			
	Coral Gables, FL 33134			
rsaving been name	d as registered agent to accept service of pro	cess for the o	above stated corpora	tion at the place designated in
nis cerujicaie, i am	familiar with and accept the appointment as	registered ag	ent and agree to act	in this capacity
				08/23/2019
	Required Signature/Registered Agent			Date
l automate dhia da a				<u> </u>
ouprut inis aocur Ioguriant to the De	ment and affirm that the facts stated herein	are true. I ai	m aware that the fai	lse informution submitted in a
iocameni io ine D <b>e</b> j	partment of State constitutes of Wird stegree fe	tony as provid	ded for in s.817.155,	F.S.
	/   W X			
				08/23/2019
	Required Signature/Incorporator		<del>-</del>	Date
	\ /			1