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(Requestor's Name)

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(Business Entity Name)

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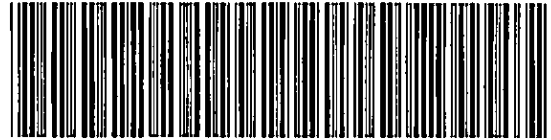
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STATE OF ARIZONA
TALAMASSEE, WILSON

2019 NOV 13 AM 10:45

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COVER LETTER

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

SUBJECT: SOLID ROCK RENOVATIONS, INC.

(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

FROM: EDWIN ARCE
Name (Printed or typed)
345 N HAVERHILL RD. APT D-23
Address
WEST PALM BEACH, FL 33415
City, State & Zip
(561) 876-8961
Daytime Telephone number
arceolga345@gmail.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: SOLID ROCK RENOVATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

345 N HAVERHILL RD. APT D-23

345 N HAVERHILL RD. APT D-23

WEST PALM BEACH, FL 33415

WEST PALM BEACH, FL 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS CORPORATION WAS CONVERTED TO AN LLC BACK

MAY, 2019, BUT DO TO FINANCING ISSUE I REALLY NEED MY CORPORATION BACK, IN ORDER TO KEEP MY

LINE OF CREDIT FOR THE PENDING REEMODELATION PROJECTS THAT I HAVE ALREADY AGREED TO.

WITH THE ABOVE SAID I AM SENDING THIS APPLICATION BY MAIL, AS ADVISED FOR ONE OF YOUR

REPRESENTATIVES DURING A PHONE CALLED. SO YOU MAY BE ABLE TO GRANT THIS TRANSACTION

SINCE I AM THE SAME ORIGINAL OWNER OF THE INC. ATTACHED IS MY DRIVER LICENSE SO YOU CAN

COMPARE ON YOUR RECORDS, NAME AND ADDRESS. THANK YOU AND BLESSINGS!

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES AT \$1.00 VALUE EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: _____

Address EDWIN ARCE

Address: _____

345 N HAVERHILL RD. APT D-23

WEST PALM BEACH, FL 33415

Name and Title: DIRECTOR

Name and Title: _____

Address JOSE G. RODRIGUEZ

Address: _____

345 N HAVERHILL RD. APT D-23

WEST PALM BEACH, FL 33415

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2019 NOV 13 AM 10:45
RECEIVED
TALLAHASSEE FL 32301

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: FREEDOM GES MULTISERVICES LLC
Address: 1863 SW 9TH STREET
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

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

Name: EDWIN ARCE
Address: 345 N HAVERHILL RD. APT D-23
WEST PALM BEACH, FL 33415

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

Elizabeth Simeon
Required Signature/Registered Agent

11/5/19
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.

Edwin Arce
Required Signature/Incorporator

11-6-2019
Date