

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (718)889-7420

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

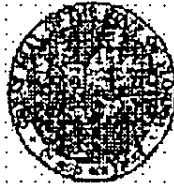
FLORIDA PROFIT/NON PROFIT CORPORATION
SPECTRO SOLUTIONS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

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May 6, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXELSIOR CORPORATE SERVICE, INC.

SUBJECT: SPECTRO SOLUTIONS, INC.
REF: W20000044731

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Lillie S Kervin
Regulatory Specialist II

FAX Aud. #: E20000131418
Letter Number: 220A80009292

COVER LETTER

20 MAY -8 AM 9:18

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

SUBJECT: SPECTRO SOLUTIONS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

ó \$70.00 ☉ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

ó \$78.75 ☉ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: STEPHEN M. COHEN

Name (Printed or typed)

2001 MARCUS AVE SUITE W295

Address

LAKE SUCCESS, NY 11042

City, State & Zip

516-241-1166

Daytime Telephone number

blcohen24@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: SPECTRO SOLUTIONS, INC.

20 MAY -8 AM 9 13

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

3581 NW CLUBSIDE CIRCLE

14 Sagamore Way S

BOCA RATON, FL 33496

Jericho, NY 11753

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Sales and distribution of products, and any lawful purpose..

ARTICLE IV SHARES 200
The number of shares of stock is: -----

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRIAN COHEN - DIRECTOR

Name and Title: -----

Address 14 SAGAMORE WAY S.

Address: -----

JERICHO, NY 11753

Name and Title: RAFAEL CALDERON - DIRECTOR

Name and Title: -----

Address 2005 CROMWELL DRIVE

Address: -----

NASHVILLE, TN 37215

Name and Title: -----

Name and Title: -----

Address -----

Address: -----

20 MAY -8 AM 9:13

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: STEPHEN M. COHEN
Address: 3581 NW CLUBSIDE CIRCLE
BOCA RATON, FL 33496

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: STEPHEN M. COHEN
Address: 3581 NW CLUBSIDE CIRCLE
BOCA RATON, FL 33496

ARTICLE VIII EFFECTIVE DATE:

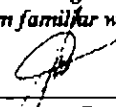
Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

X



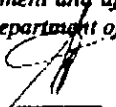
Required Signature/Registered Agent

04/30/2020

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.

X



Required Signature/Incorporator

04/30/2020

Date