

P20000037703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

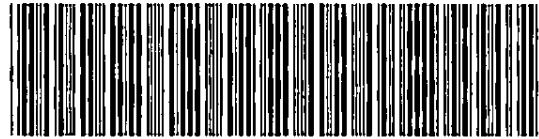
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Certified Copies _____ Certificates of Status _____

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W2000042886



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FILED
2020 MAY 26 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 26 2020

T. SCOTT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2020

JAMES G. SOLARI
828 LOTUS LANE N
ST JOHNS, FL 32259

SUBJECT: SOLARI COUNSELING & CONSULTATION, INC.
Ref. Number: W20000042886

We have received your document for SOLARI COUNSELING & CONSULTATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 020A00008931

COVER LETTER

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

SUBJECT: SOLARI COUNSELING & CONSULTATION, 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: JAMES G SOLARI
Name (Printed or typed)

828 LOTUS LANE N
Address

ST JOHNS FL 32259
City, State & Zip

904-610-9702
Daytime Telephone number

JAMESG.SOLARI@OUTLOOK.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: SOLARI COUNSELING AND CONSULTATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

828 LOTUS LANE N.
ST JOHNS, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO PROVIDE MENTAL HEALTH COUNSELING, CLINICAL
MENTAL HEALTH COUNSELING SUPERVISION, AND
PSYCHOLOGICAL CONSULTATION TO INDIVIDUALS
AND BUSINESSES

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES G. SOLARI, CEO Name and Title: _____

Address 828 LOTUS LANE N. Address: _____
ST JOHNS, FL
32259

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JAMES G. SOLARI

Address: 828 LOTUS LANE N.
ST JOHNS, FL 32259

ARTICLE VII INCORPORATOR

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

Name: JAMES G. SOLARI

Address: 828 LOTUS LANE N.
ST JOHNS, FL 32259

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

James G. Solari
Required Signature/Registered Agent

5/20/20
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.

James G. Solari
Required Signature/Incorporator

5/20/20
Date