

P200000067033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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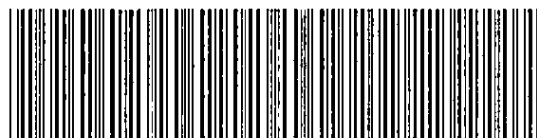
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 28 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FL

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Department of State
Division of Corporations

Stealth Courier LLC
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Stealth Courier Box

Company: Softintec Trading Co.
Requester: Corp. Services

COVER LETTER

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

SUBJECT: SOLFINTEC TRADING CO

(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: ED MORA

Name (Printed or typed)

7050 W PALMETTO PARK ROAD. STE 15 300.

Address

BOCA RATON FL 33433

City, State & Zip

561 403 9084

Daytime Telephone number

OPERATIONS@CORPSVCSINTL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2020

STEALTH COURIER

SUBJECT: SOLFINTEC TRADING CO
Ref. Number: W20000096151

We have received your document for SOLFINTEC TRADING CO 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 820A00016425

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2020 AUG 28 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FL

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: SOLFINTEC TRADING CO

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

5550 GLADES ROAD. #300.

BOCA RATON FL 33431

Mailing address, if different is:

7050 W PALMETTO PARK ROAD.
#15 300.

BOCA RATON FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

INTL IT CONSULTING HARDWARE & SOFTWARE DISTRIBUTION

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

JUAN C MARTINEZ

Name and Title: PRESIDENT Name and Title: _____

Address 7050 W PALMETTO PARK RD Address: _____

#15 300 _____

BOCA RATON FL 33433 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: ED MORA

Address: 7050 W PALMETTO PARK RD #15 300

BOCA RATON FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARC RAFFE

7050 W PALMETTO PARK

Address: RD #15 300

BOCA RATON FL 33433

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TALLAHASSEE, FL

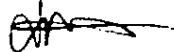
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

AUGUST 25, 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.



Required Signature/Incorporator

AUGUST 25, 2020

Date