

To: FAX SERVICE

From: 9545833259

10-08-20 10:12am p. 1 of 4

10/7/2020

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Division of Corporations

Florida Department of State

Division of Corporations

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Fax Number : (850)617-6381

From:

Account Name : MILBERY & KESSELMAN CPAS, LLC
Account Number : 120180000053
Phone : (954)583-3223
Fax Number : (954)583-3259

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
RICCARDO SOLCI, P.A.

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SUBJECT: RICCARDO SOLCI, P.A.(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: RICCARDO SOLCI, P.A.**

Name (Printed or typed)

936 SW 1ST AVENUE, STE 263

Address

MIAMI, FL 33130

City, State & Zip

786-678-6323

Daytime Telephone number

RICCARDOSOLCI@MAC.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 NAMEThe name of the corporation shall be: RICCARDO SOLCI, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

936 SW 1ST AVENUE, STE 263936 SW 1ST AVENUE, STE 263MIAMI, FL 33130MIAMI, FL 33130**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Yacht and Ship Sales.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RICCARDO SOLCI, PRESIDENT

Name and Title: _____

Address 936 SW 1ST AVENUE, STE 263

Address: _____

MIAMI, FL 33130

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: RICCARDO SOLCI
Address: 936 SW 1ST AVENUE, STE 263
MIAMI, FL 33130

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RICCARDO SOLCI
Address: 936 SW 1ST AVENUE, STE 263
MIAMI, FL 33130


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  10/02/2020
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 §817.155, F.S.

Required Signature/Incorporator  10/02/2020
Date