

# P200000082705

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000367284 3)))



H200003672843ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

2020 OCT 22 AM 8:12

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

From:

Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
Phone : (305)871-0889  
Fax Number : (305)870-9623

2020 OCT 22 AM 8:12

**\*\*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**  
**SOL DE PERU, CORP**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

*SAC*

10/23/20

**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: SOL DE PERU, CORP

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2805 NE 2ND AVE

480 NE 29 ST

MIAMI, FL 33137

MIAMI, FL 33137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SHANY L MARTINEZ TORREZ, PSTD

Name and Title:

Address 480 NE 29 ST

Address:

MIAMI, FL 33137

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

OCT 22 AM 8:12

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: SHANY L MARTINEZ TORREZ  
Address: 480 NE 29 ST  
MIAMI, FL 33137

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHANY L MARTINEZ TORREZ  
Address: 480 NE 29 ST  
MIAMI, FL 33137

2020 OCT 22 AM 8:12  
L. C. L.

**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

10/21/20  
\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

10/21/20  
\_\_\_\_\_  
Date