P21000020154

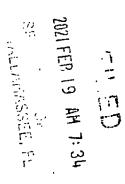
(Reque	stor's Name)	
(Addres	es)	
(Addres	ss)	
(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	





300360271493

02/19/21--01015--001 **70.00



To whom It may concern,

My Name is Oscar Mauricio Casallas Mendez. I am the same individual registered with Solutions Mc CORP Document number: p19000079020 Filedon 10/8/2019 I do not have the intention to pay the reinstatement due to my fincincial Struction at the moment because of covid. please accept my New Company Filling Using the Same Name:

Uscar Casallas Best Regards,

OSCAV MCIUVICIO CASAllas Mendez 76 NW 33Rd St MIAMI FL 33177

COVER LETTER

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

SUBJECT: S	olutions	MC	CORP	
	(PROPOSED C	.ORPORAT	E NAME – <u>MUST INCLI</u>	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy	of the artic	les of incorporation and	a check for:
★ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of St	atus	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
			ADDITIONAL COPY REQUIRED	
		•		

M: OSCAR MAUVICIO CASANAS MENDEZ

Name (Printed or typed)

TO NW 33KD ST

Address

MIAMI FL 33127

City. State & Zip

G54 - 947 - 9835

Daytime Telephone number

MKSONAS M 1981 @GMOI LOM

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)

The name of the corporation shall be: SOUTIONS	MC COR	P
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailii	ng address, if different is:
76 NW 338D ST		
MIOMI FL 33127		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Provide (a	ensulting
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		2021 FEB 19 R
Name and Title: WSC	Name and Title:	<u> </u>
Address	Address:	<u> </u>
	<u> </u>	မှ မှ
	_	
Name and Title: OSCAL M. CASANAS / F	resident	
7: 7720 1 61		
MICHUI FC 33127		
Name and Title:		
Address	Address:	

Name a	nd Title:Name and Title:
Addres	Address:
	
	-
<u>ARTICLE VI</u>	REGISTERED AGENT
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	OSCAV MCIUNICIO (asallas Mendez
Address:	76 NW 33Rd St
	MICIMI FL 33127
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>
The <u>name and a</u>	address of the Incorporator is:
Name:	Oscar Mauricio (asallas Mendez
Address:	76 NW 33Vd 5t
	MIGNI FC 33127
ARTICLE VIII Effective date, i (If an effective	EFFECTIVE DATE: f other than the date of filing:
filing.)	
	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
Having been nat	med as registered agent to accept service of process for the above stated corporation at the place designated in the
cernjicale, i am _.	familiar with and accept the appointment as registered agent and agree to act in this capacity (1) \(\sum_{\text{2}} \) \(\sum_{\
<u> </u>	Required Signature/Registered Agent Date
I submit this do document to the	cument and affirm that the facts stated herein are true. I am aware that the false information submitted in Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Úsca Cosallas 2/13/2021
Required Signat	ure/Incorporator Date