

P210000086143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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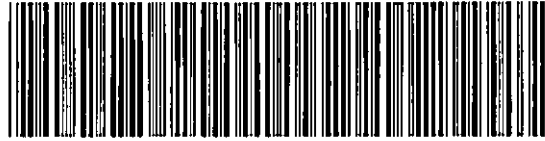
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**DATE:** 10/4/21

**NAME:** SOL HOMES & PROPERTY SOLUTIONS INC.

**TYPE OF FILING:** ARTICLES

**COST:** 70.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*AHodge*

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: SOL HOMES & PROPERTY SOLUTIONS INC

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address  
618 E. South Street, Suite 500  
Orlando, FL 32801

Mailing address, if different is:  
5536 Broadway  
Bronx, NY 10463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kiani Alvarez-PRES Name and Title:

Address 5536 Broadway Address:  
Bronx, NY 10463

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: Kiani Alvarez  
Address: 618 E. South Street, Suite 500  
Orlando, FL 32801

SECRETARY OF STATE  
TALLAHASSEE, FL

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ED

**ARTICLE VII INCORPORATOR**

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

Name: Kiani Alvarez  
Address: 5536 Broadway  
Bronx, NY 10463

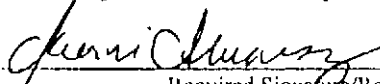
**ARTICLE VIII EFFECTIVE DATE:**

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 business days prior or 90 business 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

10/1/2021  
\_\_\_\_\_  
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

10/1/2021  
\_\_\_\_\_  
Date