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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

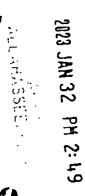
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Liber Solo Corp				
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		<u> </u>	-	
				Art of Inc. File
		· 		LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Si an atoma				Fictitious Owner Search
Signature				Vehicle Search
	- 			Driving Record
Requested by: SETH	01/0/20			UCC 1 or 3 File
	$-\frac{01/26/23}{5}$			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier
174 Ponder's Printing + Thom (skille, GA 8/0	×		ı	

ANTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u> The name of the corporation shall be LIBER SOLO CORP ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 5005 COLLINS AVE APT 709 2121 PONCE DE LEON BLVD., STE. 1050 MIAMI BEACH, FL 33140 CORAL GABLES, FL 33134 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS S ARTICLE IV SHARES The number of shares of stock is: 100 SHARES ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ENRIQUE RAUSCH - PD_____Name and Title:_____ 5005 COLLINS AVE APT. 709 Address: Address MIAMI BEACH, FL 33140 Name and Title:______Name and Title:_____ Address _____ Address: Name and Title:______Name and Title:_____ Address Address:

Name a	nd Title:	Name and Title:
Addres	ss	_ Address:
		
		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	CONSULTING SERVICES OF SOUTH FLOR	IDA INC S 🕿
Address:	2121 PONCE DE LEON BLVD., STE. 1050	SECRETARY
	CORAL GABLES, FL 33134	EB -1
ARTICLE VII	INCORPORATOR	ည်း ကြောက် သွား
The <u>name and a</u>	ddress of the Incorporator is:	ENTE STATE
Name:	ANTONIO GARCIA	
Address:	2121 PONCE DE LEON BLVD., STE. 1050	<u> </u>
	CORAL GABLES, FL 33134	-
Effective date, if (If an effective of filing.) Note: If the date		NAL) t be more than five days prior or 90 days after the statutory filing requirements, this date will not be list
Having been nan certificate, I am f	ned as registered agent to accept service of process for amiliar with and accept the appointment as registered	r the above stated corporation at the place designated if agent and agree to act in this capacity. 01-26-2023
	Required Signature/Registered Agent	Date
I submit this doc document to the	ument and affirm thay the facts stated herein are t Department of State constitutes a thirtydegree felon	rue. I am aware that the false information submitte v as provided for in s.817.155, F.S.
	Ant Jane	01-26-2023
Required Signatu	re/Incorporator	 Date