

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

P24000024876

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

(((H24000129322 3)))



H240001293223ABCZ

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

## To:

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

## From:

Account Name : RICHARDS & PARTNERS, P.A.  
Account Number : 120110000091  
Phone : (305)858-9900  
Fax Number : (305)285-0015

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

Email Address: EDIAZ@RICHARDS-LAW.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
SOLAR ECLIPSE HOLDINGS CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2024 Apr -9 AM 11:53

10

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

2024 Apr -9 PM 1:06

AS

MA

**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: SOLAR ECLIPSE HOLDINGS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address2665 SOUTH BAYSHORE DRIVESUITE 703MIAMI, FLORIDA 33133

Mailing address, if different is:

2665 SOUTH BAYSHORE DRIVESUITE 703MIAMI, FLORIDA 33133**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MORALES, MILTON DIRECTOR

Name and Title: \_\_\_\_\_

Address 2665 SOUTH BAYSHORE DRIVE

Address: \_\_\_\_\_

SUITE 703MIAMI, FLORIDA 33133

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2024 Apr -9 1:00

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: WORLD CORPORATE SERVICES, INC  
Address: 2665 SOUTH BAYSHORE DRIVE SUITE 703  
MIAMI, FLORIDA 33133

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: GWENDOLYN RICHARDS  
Address: 2665 SOUTH BAYSHORE DRIVE SUITE 703  
MIAMI, FLORIDA 33133

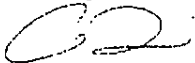
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

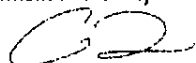
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 4/9/2024  
Required Signature/Registered Agent 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.*

 4/9/2024  
Required Signature/Incorporator Date