

P99000047591

TRANSMITTAL LETTER

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

800002882888--9  
-05/21/99-01104-002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Solomon Martin Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Nigel Colley

Name (Printed or typed)

4923 Stolls Ave.

Address

Tampa, FL

City, State & Zip

33615

NC

813 881-0490

Daytime Telephone number

FILED  
99 MAY 21 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

1. The name of the corporation shall be: Solomon Martin Inc.
2. The principal place of business and mailing address of the corporation is: 4923 Stolls Ave. Tampa, FL 33615
3. The corporation shall have the authority to issue 100 shares of stock.
4. The registered agent of the corporation is Nigel Colley and the registered street address is 4923 Stolls Ave. Tampa, Florida 33615.
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: John Krajacic 5017 Bridgeport Dr.  
Safety Harbor, FL 34695; Nigel Colley 4923  
Stolls Ave. Tampa, FL 33615

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is John Krajacic whose street address is 5017 Bridgeport Dr Safety Harbor, FL  
34695

Dated 14 May 99

  
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

  
Registered Agent

FILED

99 MAY 21 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14th May 1999