Charter Number Only

Address

Dry

Rect Prioris

Charter Number Only

Address

Dry

Rect Prioris

Re

COI	RPORATION(S) NAME			L
Soledy_	Art Design	a and	<u>ve</u> Coro	lina Or
<u> </u>	J			
		·		
				
				= :
				Tol
(X) Profit				Toll Free: 1-800-432-3028 RECEIVED
(NonProfit	() Amendment	. () Merger	ree: 1 RE0 99/10V
() Foreign	() Dissolution	() Mark	
() Limited Partnership	() Annual Report	() Other	800
() Reinstatement	() Reservation	() Change of Registered	0.432.
(Certified Copy	() Photo Copies	() Certificate Under Seal	32.: D
() Call When Ready	() Call If Problem	_ () After 4:30	302
(X) Walk In	() Will Wait	(X) Pick Up	() Mail Out	
Neme				×
Availability Document				188
Examiner		1		
Updater		//		School of the state of the stat
////	the I o		(1)	
Verifier	14	1xx	マス 雅会 川	3

CR2E031 (R8-85)

W.P. Verifier

ARTICLES OF INCORPORATION

of

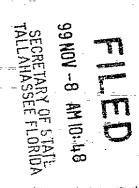
Soledy Art Design and	Decoratino	INC.		-
	(name of corpo		T	<u> </u>
The undersigned subscriber(s) to these Articles corporation under the laws of the State of Flori	•	natural person(s) o	competent to contract,	hereby form a
AR The name of the corporation is:	TICLE I - CORPO	PRATE NAME	 	
Soledy Art Design & De	ecorating	INC	TASE	<u> </u>
Proj.	ARTICLE II - DU	<i>'IRATION</i>	CRETARY	NON-S
This corporation shall exist perpetually unless	dissolved according	ig to Florida law.	OF ST EFLO	m
	ARTICLE III - P	URPOSE	ATL ATL	
The corporation is organized for the purpose of United States and the State of Florida.	f engaging in any a	activities or busine	ss permitted under the	laws of the
$oldsymbol{A}$	RTICLE IV- CAPI	TAL STOCK		
The corporation is authorized to issue <u>one</u> Dollar(s) (\$) par value Com				ir
ARTICLE V - IN	VITIAL REGISTER	RED OFFICE AND	AGENT	
The street address of the Initial Registered Age	ent office and the r	name of the Initial l	Registered Agent at th	at office is:
NAME Layda Soledy Lara			·	
ADDRESS 1423 Seagrape Circle	- 	<u> </u>		
CITY Weston		FLORIDA		_{ZIP} 33326
The principal office, if known, or the mailing a	address of the corp	oration is:		.::
NAME Soledy Art Design & D	ecorating	TNC		
ADDRESS 1423 Seagrape Circle	·			<u>:</u>
CITY Weston		FLORIDA		ZIP 33326 .

ARTICLE VI - INITIAL BOARD OF DIRECTORS

NAME	Layda Soledy Lara	: -	eri a rijeka bij r	조 현기	ji
ADDRESS	1423 Seagrape Circle				
CITY	Weston	STĀTĒ	Florida	ZIP 3	3326
IAME					
DDRESS				-	—
CITY		STATE		ZIP	Æ
NAME					
ADDRESS		<u> </u>	<u> </u>		
CITY		STATE		ZIP	<u>.</u> :
AME	and addresses of the incorporators signing Layda Soledy Lara	VI I - INCORPORATO			
NAME	and addresses of the incorporators signing Layda Soledy Lara				72
NAME ADDRESS	and addresses of the incorporators signing				33326
NAME ADDRESS CITY	and addresses of the incorporators signing Layda Soledy Lara 1423 Seagrape Circle	these Articles of Inco	rporation are as follows:		
NAME ADDRESS CITY NAME	and addresses of the incorporators signing Layda Soledy Lara 1423 Seagrape Circle	these Articles of Inco	rporation are as follows:	ZIP	
NAME ADDRESS CITY NAME ADDRESS	and addresses of the incorporators signing Layda Soledy Lara 1423 Seagrape Circle	these Articles of Inco	rporation are as follows:	ZIP	
NAME ADDRESS NAME ADDRESS CITY NAME	and addresses of the incorporators signing Layda Soledy Lara 1423 Seagrape Circle	these Articles of Inco	rporation are as follows:	ZIP	
NAME ADDRESS CITY NAME ADDRESS CITY	and addresses of the incorporators signing Layda Soledy Lara 1423 Seagrape Circle	these Articles of Inco	rporation are as follows:	ZIP	

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF



Soledy Art Design & Decorating FNC (name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

has named Layda Soledy Lara

located at the aforesaid address, as its Registered Agent to accept service of process within

ACKNOWLEDGEMENT

this state.

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Personally Known | OR Produced Identification Extrapolation Produced FL.D.L.

Type of Identification Produced FL.D.L.

L 600537607180

William Cucrelline above signature was ack nowledged

MONIQUE P. CICIRELLI

MY COMMISSION # CC 652337

EXPIRES: June 3, 2001

Bonded Thru Notary Public Underwriters

Layda Soledy Lara. Monique P. Cicirelli