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(Ad	diess)	
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(Cit	y/State/Zip/Phone	<i>‡</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
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Special Instructions to	Filing Officer	
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236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

ХХ	CERTIFIED COPY	
_		
	РНОТОСОРУ	
	CUS	
XX	FILING	Articles
	SOFLO REMOVAL INC.	
•	(CORPORATE NAME AND DOCUM	ENT#)
	(CORPORATE NAME AND DOCUM	ENT#)
	(CORPORATE NAME AND DOCUM	ENT#)
-	(CORPORATE NAME AND DOCUM	ENT#)
-	(CORPORATE NAME AND DOCUM	ENT #)
-	(CORPORATE NAME AND DOCUM	ENT#)

COVER LETTER

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

SUBJECT: SC	FLO	REMOVAL INC.		
SUBJECT		(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are ar	n orig	inal and one (1) copy of the a	rticles of incorporation and	d a check for:
☐ \$70. Filing F		☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
			ADDITIONAL CO	PY REQUIRED
FROM	:	BERTO B. BUDINCEVICH Nan SW 30 RD	ne (Printed or typed)	
	Address			
	MIA	MI,FL.33155		
		City	, State & Zip	
	(786)	260-2368		
	Daytime Telephone number			
	BEST	TLIENSERVICESINC@GMAIL.0 ——		
		E-mail address: (to be use	ed for future annual report n	otification)

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

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

The name of the corpora	SOFLO REMOVAL INC		
ARTICLE II PRING		Mailing	address, if different is:
7051 SW 30 RD			
MIAMI, FL. 33155			
	the corporation is organized is:		
ANY AND ALL LAW	FUL BUSINESS IN FLORIDA	. –	
ARTICLE IV SHAR The number of shares of			19 JAN I
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		
Name and Title	PRES.	Name and Title:	<u> </u>
Address	ALBERTO B. BUDINCEVICH	Address:	$\frac{1}{2}$
	7051 SW 30 RD		
	MIAMI, FL. 33155		
Name and Title	· <u> </u>	Name and Title:	
Address		Address:	
Name and Title:	 	Name and Title:	
Address		Address:	
. redirection			

Name a	and Title:	Name and Title:	
Addres	ss	Address:	
	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT accept ALBERTO B. BUDINCEVICH	able) of the registered agent is:	
Address:	7051 SW 30 RD		
	MIAMI, FL. 33155	TALL	
<u>ARTICLE VII</u>	INCORPORATOR	9 JAN 16 AM 9: 43 LUNG LARY OF STAIL LI ARASSITE FLORIDA	T)
The name and a	address of the Incorporator is:	[™] C *	ኘገ
Name:	ALBERTO B. BUDINCEVICH	FI ORIDA	フ
Address:	7051 SW 30 RD		
	MIAMI, FL. 33155		
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days prior or 90 days after the	,
	te inserted in this block does not meet the apple effective date on the Department of State's rec	icable statutory filing requirements, this date will not be list cords.	ed as
Having been na this certificate, I	amed as registered agent to accept service of plant am familiar with and accept the appointment	process for the above stated corporation at the place design t as registered agent and agree to act in this capacity	ated in
		1/14/19	
	Required Signature/Registered Age	nt Date	
I submit this do document to the	cument and affirm that the facts stated here Department of state constitutes a third degre		ed in a
· 			
Requ	aired Signature/Incorporator	Date	