## N20000009995

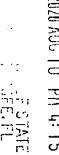
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

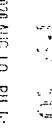
Office Use Only



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## COVER LETTER

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

SUBJECT:	Sofla Zen I	Fair Group Inc.	
Enclosed is an original and or  \$70.00 \$78.7 Filing Fee Certif		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate

From: Patricia Wires

2111 SW 68<sup>th</sup> Avenue

Miramar, FL 33023

754-246-0833

Patricia Wires@gmail.com

2020 AUG 10 PH 4: 15

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME				
The name of the corporation shall be: <u>Sofla</u>	Zen Fair Group Inc.		_	
ARTICLE II PRINCIPAL OFFICE				
Principal Street Address		Mailing Address	S	
2111 SW 68thAve	2	2111 SW 68thAve		
Miramar, FL 33023	<u>N</u>	1iramar, FL 33023		
ARTICLE III PURPOSE				
with Sofla Zen Fair Group Inc.'s mission of exparevent that provides a safe and vibrant space for ne metaphysical and holistic health and wellness to sharing, connecting, and networking with like-mir	w, emerging, and alm hare their goods and	ready established bu services with the co	isinesses fo ommunity w	cusing on
ARTICLE IV MANNER OF ELECTION  The manner in which the directors are elected and	appointed is: <u>b</u>	y majority vote fror	n founding r	nembers
ARTICLE V INITIAL OFFICERS AND DIREC	<u>CTORS</u>			
Name and Title: Patricia Wires- President	Name and Title:	Catherine Wires-	Executive I	<u>Director</u>
Address: 2111 SW 68 <sup>th</sup> Ave	Address:	2111 SW 68	8 <sup>th</sup> Ave	
Miramar, FL 33023		Miramar. FL	. 33023	
Name and Title: Cynthia Veillieux- Chief Finance  Address: Harem Circle  Port St. Lucie, FL	ial Officer		2020 AUG TO PH 4: 15	ers of
ARTICLE VI REGISTERED AGENT			FL FATE	
The name and Florida street address of the register	red agent is:			
Name: Sherrie Foglia				

Address: 6521 Orange Dr	
Davie, FL 33314	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Alexander Wires	
Address: 2111 SW 68 <sup>th</sup> Ave	
Miramar, FL 33023	
ARTICLE VIII EFFECTIVE DATE	
Not applicable	
place designated in this certificate. I am familiar with and accept agree to act in this capacity.	7/27/2626
Required Signature of Registered Agent	Date
I submit this document and affirm that the facts stated herein are submitted in a document to the Department of State constitutes a 817.155, F.S.	
A lewarelen Worg.  Required Signature of Incorporator	7/37/3020 Date
	2020 AUG