# 3000C

# Florida Department of State

Division of Corporations Public Access System Sandra B. Mortham, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone : (305)599-0839

Fax Number : (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

#### SOPREPROC INC.

Certificate of Status	0
Certified Copy	1
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#### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

#### ARTICLE I NAME

The name of the corporation shall be:

SOPRÉPROCINC.

#### ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1550 South Dixie Highway, Suite 213 Coral Gables FL 33146

# ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To improve and preserve the Spanish Language through seminars, public service announcements and articles.

## ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

Appointed by President.

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Allan Tepper 770 Claughton Island Drive #706 Miami FL 33131

Prepared by: Allan Tepper, 770 Claughton Island Drive #706 Miami, Fl 33131 (305) 668-8857 SECRETARY OF STATE

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# ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Allan Tepper 770 Claughton Island Drive #706 Mlami FL 33131

Signature/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 I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

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SECRETARY OF STATE
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