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EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. SO SASTRE OROZCO CORP  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☒ Pick up time \_\_\_\_\_    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                        |
|--------------------------|----------------------------------------|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the Corporation shall be:

SO SASTRE OROZCO CORP

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

13952 SW 26 TERR., MIAMI, FL 33175

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DOING BUSINESS IN FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is:

300

**ARTICLE V INITIAL OFFICERS/DIRECTORS**

The name(s), address(es) and title(s):

STEVE SASTRE – 13952 SW 26 TERR., MIAMI, FL 33175 - P

MAYERLIN OROZCO – 13952 SW 26 TERR., MIAMI, FL 33175 – S/T

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

MAYERLIN OROZCO – 13952 SW 26 TERR., MIAMI, FL 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

STEVE SASTRE – 13952 SW 26 TERR., MIAMI, FL 33175

MAYERLIN OROZCO – 13952 SW 26 TERR., MIAMI, FL 33175

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

ⓧ Margelin Oze 6/28/03  
Signature/Registered Agent Date

ⓧ Steve Lato 6/28/03  
Signature/Incorporator Date

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