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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.L. 11/30

TRANSMITTAL LETTER

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

SUBJECT: SOFLA, CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

MIGUEL SIGLER

Name (Printed or typed)

P.O. BOX 260066

Address

PEMBROKE PINES, FL 33026

City, State & Zip

305-218-0099

Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be:

SOFLA, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 260066
PEMBROKE PINES, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MIGUEL SIGLER, PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GLADYS DIAZ
10811 NW 18 Street
Pembroke Pines, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MIGUEL SIGLER
10811 NW 18 Street
Pembroke Pines, FL 33026

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

Signature/Registered Agent

Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/17/04
Date

4/17/04
Date