Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To:          |   |   | <u> </u>                        | .30 æ       |
|              | Division of Co                          | rporations                                  | T.II                            |             |
|              | Fax Number                              | : (850)617-6381                             |                                 | 22          |
| From:        |   |   | 117                             |             |
|              | Account Name                            | : LAZARUS CORPORATE FILING SERVICE, INC.    | , A. M.                         | PH          |
|              | Account Number                          | : 120000000019                              | $\mathcal{Q}_{\Sigma}^{\omega}$ | - 77        |
|              | Phone                                   | : (305)552-5973                             | 88                              | ·· □        |
|              | Fax Number                              | : (305)220-1440                             | ≽ln:                            | 0           |
|              |   | for this business entity to be used for fut | ure                             | •           |
| <b>E</b> mai | l Address:                              |   | 三方                              |             |
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# FLORIDA PROFIT/NON PROFIT CORPORATION SOGO INTERNATIONAL CORP

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Electronic Filing Menu

Corporate Filing Menu

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OCTOBER 22nd 2012 HASSEE FLOR

Florida Department of State

Attention New Filings Section

To whom it may concern:

This is to advise you that the owners of \$\int 0.60\$ INTERNATIONAL of Doc# \frac{P1000 106096}{P1000 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very sincerely,

H12000254497

## H12000254497

# FILED 12 OCT 22 AM IO: 16 SECRETARY OF STATE

#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be: SOGO INTERNATIONAL CORP

#### ARTICLE II - PRINCIPAL OFFICE

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

5727 NW 7TH ST #304 Miami FL 33126

#### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

SIX HOUNDRED (600) SHARES OF \$1,00 PAR VALUE COMON STOCK WHICH SHALL BE DESIGNATED "COMMON STOCK"

# ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EDGAR RODRIGUEZ 5727 NW 7 TH ST #304 MIAMI FL 33126

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### ARTICLE V-INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

EDGAR RODRIGUEZ

5727 NW 7 TH ST #304 MIAMI FL 33125

| The undersigne | d incorp | orator ha | s executed | these Articles | of Inco | rporation this |
|----------------|----------|-----------|------------|----------------|---------|----------------|
| , <u> </u>     | 12TH     | day of _  | OCTOBER    | 20             | 12 .    |                |
|                | •        |           |            |                |         |                |

ARTICLE VI-DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

EDGAR RODRIGUEZ

5727 NW 7TH ST #304 MIAMI FL 33126 President/Treasury Secretary 100%

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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