

JUL/23/2013 10:01:02 AM

7/23/13

Fax No.

Division of Corporations

# Florida Department of State

Division of Corporations

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## FLORIDA PROFIT/NON PROFIT CORPORATION SOSA PROFESSIONAL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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13 JUL 23 PM 1:04  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JUL/23/2013/TUE 01:03 PM

FAX No.

FILE # 602  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

13 JUL 23 AM 10:56

**ARTICLE I NAME**

The name of the corporation shall be: SOSA PROFESSIONAL SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1701 W FLAGLER STREET

STE: 339

MIAMI, FL 33135

Mailing address, if different is:

1701 W FLAGLER STREET

STE: 339

MIAMI, FL 33135

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES 100**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: (P/D) FRANCISCO JESUS SOSA

Address: 1701 W FLAGLER STREET

STE: 339

MIAMI, FL 33135

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: FRANCISCO JESUS SOSA  
Address: 1701 W FLAGLER STREET STE: 339  
MIAMI, FL 33135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

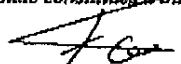
Name: FRANCISCO JESUS SOSA  
Address: 1701 W FLAGLER STREET STE: 339  
MIAMI, FL 33135

*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*

  
Required Signature/Registered Agent

7/23/13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

7/23/13  
Date