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001/003

Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850) 617-6381

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**SONORA TRAVELS INC.**

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

MD 7/24

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# ARTICLES OF INCORPORATION

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

**ARTICLE I NAME:** The name of the corporation is:

Sonora Travels Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3020 SW 96 AVE

MIAMI - FL 33165

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Mailee Sonora (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MAILEE SONORA

3020 SW 96 AVE

MIAMI FL 33165

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

MAILEE SONORA

3020 SW 96 AVE

MIAMI FL 33165

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Required Signatures:**

***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***

  
\_\_\_\_\_  
Registered Agent

\_\_\_\_\_  
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.***

  
\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date

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