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Florida Department of State
Division of Corporations
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15 MAR -6 AM 8:57

FLORIDA PROFIT/NON PROFIT CORPORATION
SOFIE CORP

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

MAR 0 9 2015

T. SCOTT

15 MAR -6 PM 4:02

Electronic Filing Menu Corporate Filing Menu Help

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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 shall be: SOFIE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

5931 NW 173 DR STE 9
MIAMI, FL 33015

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business

15 MAY -6 AM 8:57

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel Angel Garaventa (President)
Address: 5931 NW 173 DR. STE 9
MIAMI, FL 33015

Name and Title: Mirta Bibiana Ruiz (VP and Secretary)
Address: 5931 NW 173 DR. STE 9
MIAMI, FL 33015

Name and Title: Vanina Giselle Garaventa (Vicepresident)
Address: 5931 NW 173 DR. STE 9
MIAMI, FL 33015

Name and Title: Paula Veronica Garaventa (Vicepresident)
Address: 5931 NW 173 DR. STE 9
MIAMI, FL 33015

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: Luis F. Rosales

Address: 5931 NW 173 DR STE 9

MIAMI, FL 33015

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Luis F. Rosales

Address: 5931 NW 173 DR STE 9

MIAMI, FL 33015

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

_____ 03/05/2015

Required Signature/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.

_____ 03/05/2015

Required Signature/Incorporator Date