

# P18000097609

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
GULUSOGO CORP

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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: GULUSOGO CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

6620 NW 105TH PLACE6620 NW 105TH PLACEDORAL, FL 33178DORAL, FL 33178**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUPE E GOVEA ARROBA, VP

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

Address 6620 NW 105TH PLACE

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

DORAL, FL 33178Name and Title: CESAR G SORIA ESTRADA, P

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

Address 6620 NW 105TH PLACE

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

DORAL, FL 33178

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

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

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\_\_\_\_\_  
\_\_\_\_\_

**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

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11/29/2018

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

11/29/2018

Date

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