Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA PROFIT/NON PROFIT CORPORATION SOFLO AUTO WRAPPERS INC

Certificate of Status	0
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January 9, 2019

## FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: SOFLO AUTO WRAPPERS INC

REF: W19000002255

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Rochelle E Kemple
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000008539 Letter Number: 219A00000588

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

SOFLO Auto wrappers Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
901 Sw 139ct miami FC, 33184
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
- Ricardo Antonio OROZCO (P)
ARTICLE Y INITIAL RECISTERED ASSESSMENT
ALL SUCCESSION AND COMPANY OF THE PROPERTY OF
The name and Florida street address (PO Box not acceptable) of the registered agent is:  RICARDO ANTONIO OROZCO
901 SW 139 CT
MIAMI FL 33184
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
BE HUTONIO OROZCO
401 SW 139 CT
MINAMI 1-6 33184

## 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 Dace

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 9:817.155, F.S.