

1/16/2019

P19 000 005 341

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000018720 3)))



H190000187203ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 12018000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Soma Investment Group Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2019 JAN 16 11:09 AM

FILED
19 JAN 16 AM 11:17
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O K E F F E

JAN 17 2019

((H19000018720 3)))

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: Soma Investment Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

905 North Franklin Ave

Homestead Fl. 33034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical investments

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ricardo Somarriba President

Name and Title: _____

Address 905 N. Franking Ave

Address: _____

Homestead FL 33034

Name and Title: Ana Laura Cruz Vice-President

Name and Title: _____

Address 905 N. Franking Ave

Address: _____

Homestead FL 33034

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

((H19000018720 3)))

((H19000018720 3)))

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: LEGALINC CORPORATE SERVICES INC.
Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400
FORT MYERS, FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ricardo Somarriba
Address: 905 Franklin Ave Apartment J
Homestead Fl. 33034

FILED
19 JAN 16 AM 11:17
TALLAHASSEE, FLORIDA

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

Nancy Luna 1/15/19
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.

[Signature] 01/09/2019
Required Signature/Incorporator Date

((H19000018720 3)))