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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SOS Zone, Inc.

Certificate of Status	0
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JUL - 3 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SOS ZONE, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

15800 PINES BLVD
SUITE #3127
PEMBROKE PINES, FL 33027**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: SELL PRODUCTS ONLINE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PRESIDENT Name and Title: _____Address: ORLANDO COLMENARES Address: _____
1521 SW 189th Ter
Pembroke Pines, FL
33029

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ALLIANCE, F. 0000

(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: ORLANDO COLMENARES
Address: 1521 SW 189th Ter
PEMBROKE PINES, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ORLANDO COLMENARES
Address: 1521 SW 189 Terr.
Pembroke Pines FL 33029

Having been named as registered agent to accept service of process for the above stated corporation as 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

7/1/19
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.817.135, F.S.

Required Signature/Incorporator

7/1/19
Date

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