

P20000001596

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(Business Entity Name)

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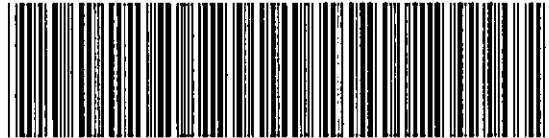
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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SOFICAM INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MAGDELINE GONZALEZ CPA

Name (Printed or typed)

8360 W. FLAGLER STREET, STE 206

Address

MIAMI, FL 33144

City, State & Zip

305-302-3918

Daytime Telephone number

Luis_ernesto_12_9@hotmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SOFICAM INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

3575 SW 139 AVENUEMIAMI, FLORIDA 33175-6709**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to transact any and all business permitted under thelaws of the United States of America and of the State of Florida.**ARTICLE IV SHARES**The number of shares of stock is: 500 shares at \$1 par value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS E SANCHEZ, PRESIDENT

Name and Title: _____

Address: 3575 SW 139 AVENUE

Address: _____

MIAMI, FLORIDA 33175-6709

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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 E SANCHEZ
Address: 3575 SW 139 AVENUE
MIAMI, FLORIDA 33175-6709

ARTICLE VII INCORPORATOR

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

Name: LUIS E SANCHEZ
Address: 3575 SW 139 AVENUE
MIAMI, FLORIDA 33175-6709

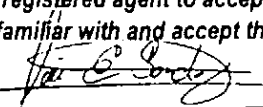
ARTICLE VIII EFFECTIVE DATE:

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.

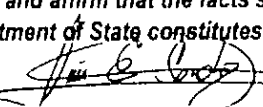
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12/5/2019
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

12/5/2019
Date