## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*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 SOTO RANGEL FAMILY INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
Soto Rangel Family Inc.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
P 306 NE 8STREET	
HOMES/each 76 33033	
M 30472 SW 162 PL	
4 30472 SW 162PL HOMES FEARL FL 33035	
ARTICLE III SHARES: The number of shares of stock is:	<u></u> .
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Kanla Guadalupe Aniesto. Soto	<del></del>
resident.	2 <b>d</b> DEC
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Di-	<u>ယ</u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRES	
The name and Florida street address (PO Box not acceptable) of the registered age	nt is:
Kaela Grafalupe Aviceto-So-to 30472 SW 162 PL	<del></del> -
LOMES tead FL 33033	<del></del>
ARTICLE VI INCORPORATOR: The name and address of the Incorporat	or is:
Kaela Guada Cupe Aniceto-Soto 30472 SW 162 PL	<del></del>
30471 SW 162 PL	

## 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

3052201440

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.

Incorporator