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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION SOSA'S GENERAL SOLUTIONS CORP.

Certificate of Status	0		
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

<b>~</b> ,		-			
Sosa's Gene	ral	Soluti	ons	COCP	
ARTICLE	ll PRINC	IPAL OFFICE		2011	
The principal str	eet address a	nd mailing addr	ess is:	٠	
	43 Ct	MIAM	i FL		
33175					
			·		
RTICLE III SHARES: The I	number of sh	ares of stock is:	1000		
			·		•
ARTICLE IV INITI	AL DIRECT	ORS AND/OR	OFFICER	S:	
President - Will	iam so	osa Jr			
<b></b>					
	<del></del>		<del></del>	<u>- 2-55</u>	21
		<del></del>	<del></del>		JUL 23
		<del></del>	<del></del>	SS	23
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ARTICLE V INITIAL REGI	STERED A	GENT AND ST	REET AD	)RESS:	
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io name and riorida street addres		r acceptante) of			
e name and Florida street addres	. Su	(Yr) Se.	143. 61	Miani	
Willam SOSA IR	<u> 5u</u>	100 Sw	143 (+	miani	
LUILIAM SOSA JR FL 33175	- 1 Su	100 Sw	143 <u>C</u>	miani ——	
Willam SOSA IR	- 1 Su	100 Sw	143 (4	Miani	
TL. 33175	<u> </u>	ia su	143 (4)	Miani	
LUITIAM SOSA JA TL 33175  RTICLEVI INCORPORAT	OR: The na	me and address	of the Incor	Miani  porator is:	
TL. 33175	OR: The na	me and address	of the Incor	Miani  porator is:	

## 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 07/22/2021

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 07/22/2021

PILED

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SECULIAN SERVICE
ATTAMASSEE FLORIDA