

Division of Corporations

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
SORA MOVING CORP.

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OCT 04 2021

OCT 04 2021

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SORA MOVING CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address4324 SW 8th ST
MIAMI, FL 33134

Mailing address, if different is:

4324 SW 8th ST
MIAMI, FL 33134**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ABRAHAM CARDENAS - P

Name and Title: _____

Address 4324 SW 8th ST

Address: _____

MIAMI, FL 33134Name and Title: SORAYA E. CASTANEDA - VP

Name and Title: _____

Address 4324 SW 8th ST

Address: _____

MIAMI, FL 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 OCT -4 PM 1:16


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: ABRAHAM CARDENASAddress: 4324 SW 8th STMIAMI, FL 33134**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ABRAHAM CARDENASAddress: 4324 SW 8th STMIAMI, FL 33134**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*
Abraham Cardenas (001 1 305 311 1111)_____
Required Signature/Registered Agent10/01/2021_____
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.*
Abraham Cardenas (001 1 305 311 1111)_____
Required Signature/Incorporator10/01/2021_____
Date2021 OCT -4 PM 1:46
MICHIGAN STATE