

Division of Corporations

P2106086346
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
SORA MOVING CORP.

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

2021 OCT 4 PM 1:46

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: SORA MOVING CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4324 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 33134 _____

Name 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: _____

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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 CARDENAS
 Address: 4324 SW 8th ST
MIAMI, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ABRAHAM CARDENAS
 Address: 4324 SW 8th ST
MIAMI, FL 33134

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 MIAMI 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




 Required Signature/Registered Agent

10/01/2021

 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.



 Required Signature/Incorporator

10/01/2021

 Date