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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
SORI TRAVEL SERVICE CORP.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Sori Travel Service Corp.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
4340 NW 11th st apt 3  
Miami FL 33126

Mailing address, if different is:  
4340 NW 11th st apt 3  
Miami FL 33126

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: 500 stock \$1.00 each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yudisley Sori - President Name and Title:  
Address: 4340 NW 11th st Address:  
apt 3  
Miami FL 33126

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Yudisley Sori  
 Address: 4340 NW 11th St apt 3  
Miami FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yudisley Sori  
 Address: 4340 NW 11th St apt 3  
Miami FL 33126

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/02/2022 (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

X [Signature]  
 Required Signature/Registered Agent

X 05/17/2022  
 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.

X [Signature]  
 Required Signature/Incorporator

X 05/17/2022  
 Date

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