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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future . annual report mailings. Enter only one email address please.\*\*

Email Address: sofloceramic@gmail.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

Soflo Ceramic Inc.

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

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T. SCOTT

MAY 1 9 2022

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## ARTICLES OF INCORPORATION

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

TEU PRIN	<u>CIPAL OFFICE</u>		
CISCIT FRANC	Principal street address	Mailing	address, if different is:
K Burch Hill I	Rd Horseheads , NY 14845		· · · · · · · · · · · · · · · · · · ·
oo <u>paren rim r</u>	tu Horseneaus, NT 14645	<del></del>	
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CI.E III PURF	<u>POSE</u>		
surpose for which	the corporation is organized is:Cer	amic coating	
			<del></del>
<del></del>			
ICLE IV SHAL	RES fstock is: 1,500		
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Name and Titl  Name and Titl  Address	f stock is: 1,500  AL OFFICERS AND/OR DIRECTOR  1e: Zack Ramsey, CEO  186 Burch Hill Rd  Horseheads, NY 14845	Name and Title:	y.

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Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
ARTICLE IV	Preventary Acres		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Registered Agents Inc.		
Address:	7901 4th Street, N, Ste 300		
	St. Petersburg, FL 33702		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	address of the incorporator is:		
Name:	Zack Ramsey		
Address:	186 Burch Hill Rd		
	Horseheads, NY 14845		
ARTICI F VIII	EFFECTIVE DATE:		
Effective date, i	fother than the date of filing:	. (OPTION	AL)
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five day	ys prior or 90 days after the
Note: If the dat the document's	e inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requiren cords.	nents, this date will not be listed as
Having been nat certificate, I am	med as registered agent to accept service of pr familiar with any becept the appointment as i	ocess for the above stated corpo egistered agent and agree to ac	ration at the place designated in this t in this capacity
	The I ame		May 17, 2022
	Required Signature/Registered Age	nt	Date
I submit this do document to the	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the efelony as provided for in s.817	he false information submitted in a 7.155, F.S.
	The state of the s		05/17/22
Required Signat	ure/Incorporator		Date