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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SOBRINO FINANCIAL SERVICES INC.**

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

**T. SCOTT**

**JUN - 3 2022**

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2022 JUN -2 PM 4:27

CORPORATIONS  
COMMERCIAL  
SERVICES

**ARTICLES OF INCORPORATION****ARTICLE I NAME** In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)The name of the corporation shall be: SOBRINO FINANCIAL SERVICES INC.  
INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address14000 SW 192ND AVE., MIAMI, FL 33196

Mailing address, if different is:

**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ZOILA M. SOBRINO, PRESIDENTName and Title: NELSON B. SOBRINO, SECRETARYAddress 14000 SW 192ND AVEAddress: 14000 SW 192ND AVEMIAMI, FL 33196MIAMI, FL 33196

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: ZOILA M. SOBRINO  
Address: 14000 SW 192ND AVE  
MIAMI, FL 33196

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ZOILA M. SOBRINO  
Address: 14000 SW 192ND AVE  
MIAMI, FL 33196

**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*

Zoila M. Sobrino

Required Signature/Registered Agent

06/01/2022

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.*

Zoila M. Sobrino

Required Signature/Incorporator

06/01/2022

Date