

P22000045935

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ORANGE BUSINESS SOLUTIONS INC
Account Number : I20210000133
Phone : (305)417-9919
Fax Number : (305)938-8087

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SANROMI CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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CORPORATIONS
COMMERCIAL
SERVICES2022 JUN -8 PM 2:09
ALBANY, FL

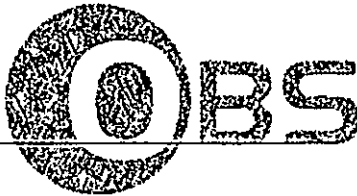
ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SANROMI CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1444 BISCAYNE BLVDSUITE 212MIAMI, FL 33132**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: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SANTIAGO DE LA ROCHA - PRESIDENT

Name and Title: _____

Address

1444 BISCAYNE BLVD

Address: _____

SUITE 212MIAMI, FL 33132

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

ALLENHASTLE, FL

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(conti.)

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

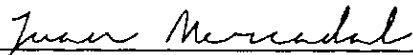
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ORANGE BUSINESS SOLUTIONS INC
 Address: 1444 BISCAYNE BLVD SUITE 212
MIAMI, FL 33132

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JUAN MERCADAL
 Address: 1444 BISCAYNE BLVD SUITE 212
MIAMI, FL 33132

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

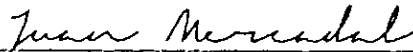


Required Signature/Registered Agent

06/08/2022

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.



Required Signature/Incorporator

06/08/2022

Date