

P22000049457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

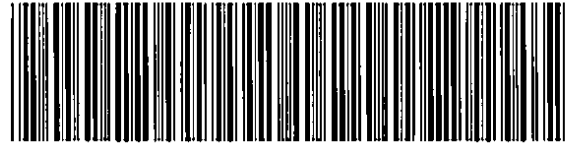
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/16 DANNY

CERTIFIED COPY

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INC

1. SORESI CUSTOM HOMES INC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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

The name of the corporation shall be: Sores Custom Homes Inc

Mailing address, if different is:

24150 Beatrix Blvd 824
Port Charlotte, Florida 33954

The purpose for which the corporation is organized is: purchase, sale and management of real estate

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ST. JOSEPH, MO.
TALLAHASSEE, FL

The number of shares of stock is: 200

Name and Title: Giuseppe Soresi, PRESIDENT Name and Title: Natale Soresi, VICE PRESIDENT

Address 24150 Beatrix Blvd 824 Address: 24150 Beatrix Blvd 824
Port Charlotte, Florida 33954 Port Charlotte, Florida 33954

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: Giuseppe Soresi
Address: 24150 Beatrix Blvd 824
Port Charlotte, Florida 33954

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ARTICLE VII INCORPORATOR

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

Name: Giuseppe Soresi
Address: 24150 Beatrix Blvd 824
Port Charlotte, Florida 33954

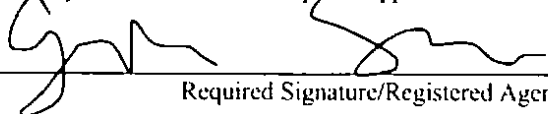
ARTICLE VIII EFFECTIVE DATE:

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

6/15/2022

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

6/15/2022

Date