Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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 SOFLO JETS CORP

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

705.

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	_ 2665 S. bay Share Drive
	Svite 220'
	2665 S. bay Share Drive Svite 220 Miami FL 33133
RTI:	CLE III SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	Roberto Carlos Gude President
AR.	TICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS
_	ame and Florida street address (PO Box not acceptable) of the registered ager
	ROBERTO CARLOS GUDE
	2665 S. BAYSHORE DR.
	SUITE 220 MIAMIFL 33133
	ICLE VI INCORPORATOR: The name and address of the Incorporato
RT	$I \cap C \vdash C \cap I \cap C \cap$
RT [-	2665 SBAYSHORE DR

Required Signatures:

Having been named as registered agent to accept service of process for the above state corporation at the place designated in this certificate, I am familiar with and accept appointment as registered agent and agree to act in this capacity

Registered Agent 2/1/23
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.

Incorporator 2/9/2=