1300001 Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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Division of Corporations

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From:

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## FLORIDA PROFIT/NON PROFIT CORPORATION SOZA UTILITY UNDERGROUND, CORP

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

£ 3.7.

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

	<u>CIPAL OFFICE</u>			
	Principal street address	Mailing address, if different is 3029 NW 59TH ST		
MI, FL 33142		MIAMI, FL 33142		
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ICLE III PURI	POSE the corporation is organized is: ANY ANI	ALL LAWFUL BUSINESS	i	
ourpose for which	the corporation is organized is:			
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ICLE IV SHA	RES of stock is: 100			
Untilings Of Sugges	or stock is.	_ <del></del>	·	
CLE V INT	TAL OFFICERS AND/OR DIRECTORS			
	TAL OFFICERS AND/OR DIRECTORS	Nome and Title:		
	itle: NOE JESUS SOSA			
Name and T	itle: NOE JESUS SOSA			
Name and T	PRESIDENT 3029 NW 59TH ST			
Name and T	PRESIDENT			
Name and T Address	PRESIDENT 3029 NW 59TH ST MIAMI, FL 33142	Address:	2	
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Name and To Address  Name and To Address  Name and T	PRESIDENT 3029 NW 59TH ST MIAMI, FL 33142	Address:	23	

	and Title:	iName and little:	<del></del>
Addre	ess	Address:	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptions)	stuble) of the serietand seems in	٠
Name:	NOE JESUS SOSA	nation of the registered agent 15;	
Address:	3029 NW 59TH ST	<del></del>	
:	MIAMI , FL 33142	<del></del>	
,		<del></del>	
ARTICLE VII	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	NOE JESUS SOSA	<u> </u>	
! Address:	3029 NW 59TH ST	<u>·</u>	
	MIAMI, FL 33142		
ARTICLE VII	I EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)	
(If an effective filing.)  Note: If the da	date is listed, the date must be specific an	d cannot be more than five days prior or 90 days plicable statutory filing requirements, this date will	
	or same si	?*.	23
Having been no	med as registered agent to accept service of p familiar with and accept the appointment as	rocess for the above stated corporation at the place of registered agent and agree to act in this capacity	lesign
Having been no	med as registered agent to accept service of p familiar with and accept the appointment as	rocess for the above stated corporation at the place of registered agent and agree to act in this capacity  02/14/202:	に
Having been no	familiar with and accept the appointment as  Required Signature/Registered Ag	registered agent and agree to act in this capacity 02/14/202:	3 Date
Having been no certificate. I an	Required Signature/Registered Ag	registered agent and agree to act in this capacity  02/14/202  ent  rein are true, I am aware that the false information	3 Date n sub
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