

To:

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5/3/23, 10:12 AM

P23 000035289

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
SONORAN SUN RESORT-MELODY NELLIGAN CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: SONORAN SUN RESORT-MELODY NELLIGAN CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1170 NW 11TH ST STE 100 MIAMI FL 33136**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: ARTURO ALEJANDRO CASILLAS (P)

Name and Title: _____

Address

1170 NW 11TH ST STE 100

Address: _____

MIAMI, FL 33136

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE, FL**

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: ARTURO ALEJANDRO CASILLAS
 Address: 1170 NW 11TH ST STE 100
MIAMI, FL 33136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARTURO ALEJANDRO CASILLAS
 Address: 1170 NW 11TH ST STE 100
MIAMI, FL 33136

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 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 Date

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TALLAHASSEE, FL