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(((H23000210913 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: CA BOOKKEEPING AND PAYROLL SERVICES INC

Account Name Account Number : 120230000067

: (786)992-1894

Phone Fax Number

Email Address:___

: (786)364-1645

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

 ,	 	

FLORIDA PROFIT/NON PROFIT CORPORATION SOPHIAG TRANSPORT INC

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From: CA Bookkeping

ATX1

ARTICLES OF INCORPORATION

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

RTICLE I NAME he name of the corpor	etion shall be: SOPHIAG TRANSPOR	IT INC	
ARTICLE II PRINCIPAL OFFICE Principal <u>etreet</u> address 851 NW 5TH ST		Mailing address, if different is: 5851 NW 5TH ST	
AMI, FL 33126		MIAMI, FL 33126	
RTICLE III PURPO ne purpose for which t	I <u>SE</u> he corporation is organized is:		
NY AND ALL LAWFU	BUSINESS		
RTICLE IV SHARE the number of shares of	ES of stock is: 100		
	OFFICERS AND/OR DIRECTORS		
Name and Title:	ARIAN GOMEZ, PRESIDENT	Name and Title:	
Address:	5851 NW 5TH ST	Addrass:	
	MIAMI, FL 33126		
Name and Title:		Name and Title:	
Address:		Address.	
Name and Title:		Name and Title:	
Address:		Address	
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2023 JUN 12 PH 3: 25
TALLAHASSEE, FLORIS

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ATKI

Name a	and Title	Name and Title:
Addres		Address
		Addition .
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered agent is;
Namo:	ARIAN GOMEZ	
Address:	585) NW 5TH ST	
	MIAMI, FL 33126	
ARTICLE VII	INCORPORATOR	
The <u>name and</u>	t address of the Incorporator is:	
Name:	ARIAN GOMEZ	
Address:	5851 NW 5TH ST	
	MIAMI, FL 33126	
	EFFECTIVE DATE:	
Effective dete, (If an effect iv e		. (OPTIONAL) inot be more than five days prior or 90 days after the
filing.)	•	
	rate inserted in this block does not meet the applical ocument's effective date on the Department of State	size statutory filling requirements, this date will not be is records.
Having been n in this certifica	named as registered agent to accept service of proce ate, I am familiar with and accept the appointment as	as for the above stated corporation at the place designated registered agent and agree to act in this capacity
	drion.	6/12/2023
	Required Signature/Registered Agent	Date
l submit this o document to t	focument and affirm that the facts stated herein are the Department of State-constitutes a third degree fo	true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
	anen.	6/12/2023
	Required Signature/Incorporator	Date

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