

P2300006-009

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000245981 3)))



H230002459813ABC1

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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**  
**SOROA HOME SERVICE INC**

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

RECEIVED

2023 JUL 13 PM 3:23

ELECTRONIC  
COMMERCIAL  
FILING

Electronic Filing Menu

Corporate Filing Menu

Help

FALL ARREST, 11/01/10

2023 JUL 13 PM 9:40

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Soroa Home Service Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

18873 sw 319 th Homestead florida 33030

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Alejandra Soroa (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Alejandra soroa

18873 sw 319th st Homestead fl 33030

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Alejandra Soroa

18873 sw 319th st Homestead fl 33030

2023 JUL 13 PM 9:40  
FILED  
CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA

**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

7/13/2023

\_\_\_\_\_  
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 §.817.155, F.S.

  
\_\_\_\_\_  
Incorporator

7/13/2023

\_\_\_\_\_  
Date

2023 JUL 13 PM 9:40  
FALL RIVER, MA 01901