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.

(((H240000010113)))



H240000010113ABCJ

To:	
	Division of Corporations
	Fax Number : (850)617-6381
From:	
	Account Name : ARIMIR SERVICES GROUP LLC
	Account Number : 120200000022
	Phone : (305)298-6579
- 10 - 11	Fax Number : (305)543-5225
<u> </u>	
	the email address for this business entity to be used for future nnual report mailings. Enter only one email address please.**
£	mail Address: ARIMICSURVICES C. gmail, wy

Certificate of Status	1
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Help

To. 18506176381

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:	SOSA & FREIRE E	NTERPRISES INC	
ARTICLE II PRINCIPAL OFFIC			
Principal street address		Mailing ad	dress, if different is:
1510 BAY RD APT 603 MIAMI BEACH, FL 33139		1510 BAY RD MIAMI BEACH	APT 603 LEL 33139
ARTICLE III PURPOSE			
The purpose for which the corporation	is organized is: ANY A	ND ALL LAWFUL BUSINE	ESS.
	 -		
		<u></u>	
			. <u></u>
			·
ARTICLE IV SHARES			
The number of shares of stock is: 100		· · · · · · · · · · · · · · · · · · ·	
ARTICLE V INITIAL OFFICERS			
Name and Title: LEONARI	DO SOSA-FREIRE	Name and Title:	
Address 1510 BAY F	RD APT 603	Address:	
MIAMI BE	ACH, FL 33139		
			
 			
Name and Title:	, , , , , , , , , , , , , , , , , , , 	Name and Title:	
Address	Ad dre ss		
			
			
			
Name and Title:		Name and Title:	24
Address		Address:	Air
			<i>≥</i>
<u></u>			Br.
			
		•	2: ~6 n. ii.

To: 18506176381

_ Fax: 7864312508

Name and Title:		Name and Title:		
Address		Address:		
		· -	···· <u>-</u>	
		917.1		
	GISTERED AGENT In street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name: LEONARDO SOSA-FREIRE				
Address:	1510 BAY RD APT 603			
<u></u>	MAMI BEACH, FL 33139			
ARTICLE VII INC				
The name and addre	ess of the Incorporator is:			
Name:	LEONARDO SOSA-FREIRE			
Address:	1510 BAY RD APT 603			
	MIAMI BEACH, FL 33139			
(If an effective date filing.) Note: If the date ins	er than the date of filing: is listed, the date must be specific and canno erted in this block does not meet the applicable	t be more than five days pri	·	
Having been named certificate, I am fami	tive date on the Department of State's records. as registered agent to accept service of process for liar with and accept the appointment as registers $ \begin{array}{cccccccccccccccccccccccccccccccccc$			enated in this
2	Required Signature/Registered Agent		Date	
	ent and affirm that the facts stated herein are artment of State constitutes a third degree felony			ibmitted in a
seonard	o Susa-Freire		01/02/2024	21
Required Signature/I	ncorporator	Date	: -	24
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