## PWW0017643

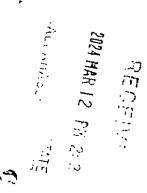
••
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(Requestor's Name)
· (Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 - Tallahassee, Florida 32301 (850) 224-8870 - 1-800-342-8062 - Fax (850) 222-1222

Sojuva Corp			
Please Debit FC	CA000000003 For: 78	3.75	
Thank you Seth	Neelev		
Signature Requested by:	Neeley		Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  X Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Total  Corp Record Search  Officer Search  Fictitious Search  Priving Record  UCC 1 or 3 File  UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

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

ame of the corp	oration shall be:SOJUVA C	ORP	<del></del>
	INCIPAL OFFICE Principal <u>street</u> address BLVD STE 1050		Mailing address, if different is:
AL GABLES, FL 3	3134		
FICLE III PU	RPOSE  th the corporation is organized is:		
Y AND ALL LAW	FUL BUSINESS		
		<u>.                                    </u>	
		<del></del>	
		_	
	TIAL OFFICERS AND/OR DIRECTORS		
Address	itle: PABLO AGUIRRE - PD	Name and Title:	MARIA NOVAL ~ S
Address	2121 Ponce de Leon Blvd Ste 1050		
Address			
Address	2121 Ponce de Leon Blvd Ste 1050		2121 Ponce de Leon Blvd Ste 1050
	2121 Ponce de Leon Blvd Ste 1050	Address:	2121 Ponce de Leon Blvd Ste 1050
	2121 Ponce de Leon Blvd Ste 1050 CORAL GABLES, FL 33134	Address:Name and Title:	2121 Ponce de Leon Blvd Ste 1050 CORAL GABLES, FL 33134
Name and Ti	2121 Ponce de Leon Blvd Ste 1050 CORAL GABLES, FL 33134	Address:  Name and Title: Address:	2121 Ponce de Leon Blvd Ste 1050 CORAL GABLES, FL 33134
Name and Ti	2121 Ponce de Leon Blvd Ste 1050 CORAL GABLES, FL 33134	Address:  Name and Title: Address:	2121 Ponce de Leon Blvd Ste 1050  CORAL GABLES, FL 33134
Name and Ti Address	2121 Ponce de Leon Blvd Ste 1050 CORAL GABLES, FL 33134	Address:  Name and Title: Address:	2121 Ponce de Leon Blvd Ste 1050 CORAL GABLES, FL 33134
Name and Ti Address	2121 Ponce de Leon Blvd Ste 1050 CORAL GABLES, FL 33134	Address: Name and Title: Address: Address: Name and Title:	CORAL GABLES, FL 33134

Name a	nd Title:	Name and Title:
Addres		
		<del></del>
ADTICLEVI	DECISTEDED ACTOR	
The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the	ne registered agent is:
Name:	Consulting Services of South Florida Inc	<b>3</b>
Address:	2121 Ponce de Leon Blvd Stc. 1050 CORAL GABLES, FL 33134	
ARTICLE VII	INCORPORATOR	
Th	33	
The <u>name and ac</u>	ddress of the Incorporator is:	
Name:	ANTONIO GARCIA	
Address:	2121 Ponce de Leon Blvd Ste 1050	
	CORAL GABLES, FL 33134	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if	other than the date of filing:  ate is listed, the date must be specific and cannot I	(OPTIONAL)
filing.)	and the same and the specific and cannot t	be more than tive days prior or 50 days after the
Note: If the date	interted in this black does not most the smalleship was	itutory filing requirements, this date will not be listed as
the document's e	ffective date on the Department of State's records.	
Having been nam	ed as registered agently accept service of process for t	he above stated corporation at the place designated in this
certificate, I am fa	imiliar with and accept the appointment as registered a	igent and agree to act in this capacity 🖂 🔠
	5/2//2	03-12-2024
	Required Signature/Registered Agent	
l cukudi dila da -	Z	,
i submit this doci document to the 1	ument and affirm that the facts stated herein are tru Department of State constitutes afthird degree felony i	e. I am aware that the false information submitted in a as provided for in \$ 817.155 E.S.
	41.1 /1.	03-12-2024
	TYTA James	
Required Signatur	re/Incorporator	Date