Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Fax Number : (845)818-3588

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

Soho Capital Group Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Help

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

ARTICLE I NAME The name of the corpora	tion shall be: Soho Capital Grou	ıp Inc	
<u>ARTICLE II PRINC</u>	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is: 1111 Lincoln Rd, Miami Beach, FL 33139	
1111 Lincoln Rd.	Miami Beach, FL 33139		
ARTICLE III PURPO The purpose for which i	OSE the corporation is organized is: <u>INV</u>		
ARTICLE IV SHAR. The number of shares of	ES: stock is: 200 L OFFICERS AND/OR DIRECTORS		FILED WUNIB MIII: CORETARY OF STA
	: Nathan Natanel Meirov	Name and Title:	,≒ ≓ ~
Address	718 E 5th St., Brooklyn, NY 11218		
Name and Title		Name and Title:	
Address		Address:	
Name and Title		_	
Address			
			

Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the revistered avent is:	
Name:	Vcorp Agent Services, Inc.		
Address:	1200 South Pine Island Road	_	
	Plantation, Florida 33324		
	<u>INCORPORATOR</u>		
The name and ad	dress of the Incorporator is:		
Name:	Nathan Natanel Meirov	_	
Address:	718 E 5th St., Brooklyn, NY 11218	-	
		_	
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	. (OPTIONAL) not be more than five days prior or 90 days after the	
	inserted in this block does not meet the applicab fective date on the Department of State's record	le statutory filing requirements, this date will not be listed as s.	
	ed as registered agent to accept service of process amiliar with and accept the appointment as regist	for the above stated corporation at the place designated in this ered agent and agree to act in this capacity	
n	Airiam Nachison	06/18/2024	
	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree full	e true. I am aware that the false information submitted in a My as provided for in s.817.155, F.S.	
	1200 1110	06/18/2024	
Required Signatur	re/Incorporator	Date	