

Florida Department of State

Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : NBI FINANCIAL ACCOUNTING & TAX
Account Number : I20180000059
Phone : (786)253-1800
Fax Number : (305)397-1861

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
Soza Medical Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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711.50

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Soza Medical Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15286 SW 39 Terr

Miami, FL 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Soza President

Address: 15286 SW 39 Terr

Miami, FL 33185

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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CLERK OF DISTRICT COURT

STATE OF FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: NBI Financial Services, PAAddress: 9010 SW 137th Ave Suite 238Miami, FL 33186**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: NBI Financial Services, PAAddress: 9010 SW 137th Ave Suite 238Miami, FL 33186**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: November 6, 2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*[Signature]
Required Signature/Registered Agent11/11/2024
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 s.817.155, F.S.*[Signature]
Required Signature/Incorporator11/11/2024
Date