

P250000004892

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.

((H25000034471 3)))



H25000034471348C-

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 : RASI 5
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

****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
SOPOPS CONSULTING CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2025 JAN 29 AM 11:49

FILED

2025 JAN 29 AM 10:58

1

FLORIDA
DEPARTMENT OF STATE

mo

ARTICLES OF INCORPORATION
in compliance with Chapter 507 and/or Chapter 621, F.S. (Profit),

ARTICLE I NAME SOPOPS CONSULTING CORP.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address: _____

15051 Royal Oaks Lane #1502

N Miami, FL 33181

Mailing address, if different is: _____

15051 Royal Oaks Lane #1502

N Miami, FL 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____ to engage in any lawful act or activity for

which corporations may be organized.

ARTICLE IV SHARES

200

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sophia Salinas - President

Name and Title: _____

Address: 15051 Royal Oaks Lane #1502

Address: _____

N Miami, FL 33181

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2025 JAN 29 AM 10:53

FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sophia Salinas
Address: 15051 Royal Oaks Lane #1502
N Miami, FL 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sophia Salinas
Address: 15051 Royal Oaks Lane #1502
N Miami, FL 33181

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing, _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the 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 Agent

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-Incorporator

2025 JAN 29 AM 10:53
01/27/25
Date