

P97000034945

C. ROBERT SORCI
2779 NW 108 TERRACE
SUNRISE, FLORIDA 33322

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SORCO Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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APR 18 1 BSB

FILED
97 APR 17 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
SORCO INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
SORCO INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2779 NW 108 TERRACE
SUNRISE, FL 33322

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
C. ROBERT SORCI
2779 NW 108 TERRACE
SUNRISE, FL 33322

ARTICLE V - INCORPORATORS

The names and address of the person (s) signing these Articles of Incorporation are as follows:

Name C. ROBERT SORCI
Address 2779 NW 108 TERRACE
City SUNRISE State FL Zip 33322

Name _____
Address _____
City _____ State _____ Zip _____

Name _____
Address _____
City _____ State _____ Zip _____

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 1 day of APRIL, 1997.

C. Robert Sorci (Seal)

(Seal)
(Seal)

STATE OF FLORIDA) SS
COUNTY OF BROWARD)

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared
C. ROBERT SORCI

known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that HE executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 1 day of APRIL, 1997.

Michelle Rosa
(Notary Public, State of Florida at large)

(Notary Seal)

My Commission expires: April 3, 1998



B. Officers:

President: C. ROBERT SORCI
Address: 2779 NW 108 TERRACE
SUNRISE, FLORIDA 33322

Vice President: _____
Address: _____

Secretary: C. ROBERT SORCI
Address: 2779 NW 108 TERRACE
SUNRISE, FLORIDA 33322

Treasurer: _____
Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C. ROBERT SORCI
Office Address: 2779 NW 108 TERRACE
SUNRISE, FLORIDA 33322
City Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: C. Robert Sorci

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. C. Robert Sorci
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. C. ROBERT SORCI/President
(Name and capacity of person signing application)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
97 APR 17 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:
SORCO INC.
2. The name and address of the registered agent and office is:
C. ROBERT SORCI
(Name)
2779 NW 108 TERRACE
(P.O. Box NOT acceptable)
SUNRISE, FLORIDA 33322
(City/State/Zip)

Signature

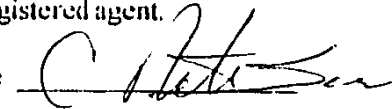


Title PRESIDENT

Date 4/01/97

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature



Date 4/01/97

REGISTERED AGENT FILING FEE: \$35.00