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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone : (305)603-8791

Phone : (305)603-8791 Fax Number : (877)503-6086

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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FLORIDA PROFIT/NON PROFIT CORPORATION ALA DELIVERY USA CORP

₩AR 3 1 2020

T. SCOTT

Certificate of Status	0
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2020 JAN 30 PM 3: 11

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation	ALA DELIVERY USA CO	RP	
ARTICLE II PRINCI			ress, if different is:
5050 NW 7TH ST APT 7	18		
MIAMI, FL 33126			
ARTICLE III PURPO	SE corporation is organized is:	····	
ANY AND ALL LAWFULL			
ARTICLE IV SHARE The number of shares of s	§ tock is: 1000		
	LOFFICERS AND/OR DIRECTORS		
Name and Title:		Name and Title:	
Address _	5050 NW 7TH ST APT 718	Address:	
-	MIAMI, FL 33126		
-			<u> </u>
Name and Title:		Name and Title:	وم ب
Address			120
-			30
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Name and Title:_		Name and Title:	
Address _		Address:	್ ಉ
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n: Robert Fanjul Fax: 1	18775036086 Ta:	Fax: (850) 617-6381	Page: 3 of 3	01/30/2020 1:51 PM
Name a	and Title:	Name and Title:		
Addres	ss	Address:		
				
				··
	REGISTERED AGENT			
	Florida street address (P.O. Box NOT	acceptable) of the registered agent is	s:	
Name:	LEANDRO J CHAVEZ BAEZ 5050 NW 7TH ST APT 718	 ·		
Address:	MIAMI, FL 33126			
ARTICI F VII	INCORPORATOR			
	address of the Incorporator is:			
Name:	LEANDRO J CHAVEZ BAEZ			
Address:	5050 NW 7TH ST APT 718			
, (44, 635).	MIAMI, FL 33126			
ARTICI E VIII	I_EFFECTIVE DATE:			
Effective date,	if other than the date of filing: date is listed, the date must be spec			ays after the
	ite inserted in this block does not meet effective date on the Department of S		rements, this date w	ill not be listed as
	umed as registered agent to accept serv I familiar with and accept the appointn			
cerujicale, i-um	Phares		01/28/2	020
x :	11~1/52			
$\mathcal{L}_{\mathcal{L}}$	トーリモ 兄 Required Signature/Registe	red Ageut		Date
X Submit this do	Required Signature/Registe ocument and affirm that the facts state to Department of State constitutes a thin	ted herein are true. I am aware the		