Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

FLORIDA PROFIT/NON PROFIT CORPORATION KAMSANS CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

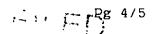
Help

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: KAMSA	ANS CORP		
SOBJECT.	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Cop & Certificate Status
		ADDITIONAL CO	PY REQUIRED
FROM: E&	F LATIN GROUP LLC Name	e (Printed or typed)	
1820	N CORPORATE LAKES BLVD S		
	•	Address	
WES	STON, FL 33326		
	City,	State & Zip	
954	384 8565		
	Daytime T	elephone number	
DIEC	TO@EFLATINACCOUNTING.CO		
	E-mail address: (to be used	for future annual report n	otification)

NOTE: Please provide the original and one copy of the articles.



2021 KAY 13 MH 9: 45

ARTICLES OF INCORPORATION

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

TALL Y ONE FI

LE [[PR]	INCIPAL OFFICE		
XECUTIVE	Principal street address PARK DR	2665 I	Mailing address, if different is: EXECUTIVE PARK DR
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ΓΟΝ, FL 3333	1	WEST	ON, FL 33331
CLE III PUI irpose for whic	RPOSE ch the corporation is organized is: All Law	full Purposes	
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CLE IV SHA	ARES		
CLE IV SH/	<u>4RES</u> of stock is: 1000		
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Name :	and Title:	Name and Title:	—
Addre	35	Address:	_
		_	_
			_
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the remittered arrent is:	
Name:	E&F LATIN GROUP LLC	or the registered agent is.	
Address:	1820 N CORPORATE LAKES BLVD	_	
	SUITE 109, WESTON, FL 33326	_	
ARTICLE YIL	INCORPORATOR	70 123 54 Sec	1912 (PIA) 1 O
The name and s	address of the Incorporator is:	Fig. 1.	Ξ
Name:	DIEGO FIGUEROA	<u>-</u>	
Address:	1820 N CORPORATE LAKES BLVD		
	SUITE 109, WESTON, FL 33326	- PA	i
Effective date, if (If an effective of filing.)		. (OPTIONAL) of be more than five days prior or 90 days after the estatutory filing requirements, this date will not be listed a	1
	effective date on the Department of State's records.		
	ned as registered agent to accept service of proces: am familiar with and accept the appointment as req	s for the above stated corporation at the place designated gistered agent and agree to act in this capacity	in
\mathcal{L}	nedo Transpoci	05/13/2021	
	Required Signature/Registered Agent	Date	_
submit this doc tocument to the	rument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in ty as provided for in s.817.155, F.S.	, a
j)lego Falloron ·	05/13/2021	
Requi	red Sidnature/Incornorator	Date	-