

9/22/22, 3:54 PM

# P22000073315

Florida Department of State  
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.\*\***

Email Address: support@eflatinaccounting.com

012111 2 PM 2:10

## FLORIDA PROFIT/NON PROFIT CORPORATION A&M FERNANDEZ COMPANY CORP

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

2022 SEP 22 PM 4:50

**COVER LETTER**

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

**SUBJECT:** A&M FERNANDEZ COMPANY CORP  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

2022 SEP 22 PM 2:10

**FROM:** E&F LATIN GROUP LLC  
Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 109  
FLORIDA PROTECTION CORPORATION  
Address

A&M FERNANDEZ COMPANY CORP  
WESTON, FL 33326  
City, State & Zip

954 384 8565  
Telephone number

Estimated Cha.  
Daytime Telephone number

DIEGO@EFLATINACCOUNTING.COM  
E-mail address: (to be used for future annual report notification)

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

**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: A&M FERNANDEZ COMPANY CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 2665 EXECUTIVE PARK DRIVE STE 2  
Mailing address, if different is:  
WESTON, FL 33331

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All Lawfull Purposes

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARISOL FERNANDEZ OSORIO - P Name and Title: \_\_\_\_\_

Address: 2665 EXECUTIVE PARK DRIVE STE 2 Address: \_\_\_\_\_

WESTON, FL 33331 \_\_\_\_\_

FLORIDA PR \_\_\_\_\_

Name and Title: ANDRES SANTISTEBAN F. - VP Name and Title: \_\_\_\_\_

Address: 2665 EXECUTIVE PARK DRIVE STE 2 Address: \_\_\_\_\_

WESTON, FL 33331 Address: \_\_\_\_\_

FLORIDA PR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: inside the original and one copy of the articles Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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FLORIDA PR  
CORPORATION  
A  
INCORPORATED  
39,526  
Address  
Estimated  
FLORIDA PR

Name and

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: E&F LATIN GROUP LLC  
 Address: 1820 N CORPORATE LAKES BLVD  
SUITE 109, WESTON, FL 33326

09/22 PM 2:10

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DIEGO FIGUEROA  
 Address: 1820 N CORPORATE LAKES BLVD  
SUITE 109, WESTON, FL 33326

**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 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 on 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

Diego Figueroa \_\_\_\_\_ Date 08/16/2022  
 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 this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Diego Figueroa \_\_\_\_\_ Date 08/16/2022  
 Required Signature/Incorporator

the original and a true copy