

MAY 17 2019 11:57 AM

FAX No.

P. 001

7/2019

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
1875 ENTERPRISE INC**

Certificate of Status	0
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MAY 20 2019

T. G. S. T. V.

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: 1875 ENTERPRISE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address14606 SW 12 LANEMIAMI, FL 33184

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: EIDA GAYON (P)Address: 14606 SW 12 LANEMIAMI, FL 33184

Name and Title: _____

Address: _____

Name and Title: OSVALDO GAYON (S/T)Address: 14606 SW 12 LANEMIAMI, FL 33184

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2019 MAY 17 AM 10:06
FAXED
1875 ENTERPRISE INC
MIAMI, FL 33184

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: OSVALDO GAYON
Address: 14606 SW 12 LANE
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSVALDO GAYON
Address: 14606 SW 12 LANE
MIAMI, FL 33184

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 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

Required Signature/Registered Agent

03/27/2019

Date

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.

Required Signature/Incorporator

03/27/2019

Date