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To:

Division of Corporations

Fax Number

(850)617-6381

From:

١,,

: FANJUL CPA, INC. Account Name Account Number : I20130000039 : (305)244-0769 Phone : (877)503-6086 Fax Number

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

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FLORIDA PROFIT/NON PROFIT CORPORATION INVERSORA LAMEDA URDANETA CORP

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HAY 3 0 2019

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

ARTICLE I NAME The name of the corporat	tion shall be:	A URDANETA	CORP			
ARTICLE II PRING	Principal street address		Mailing addre 9229 WEST 33RD W	ss, if different is:		
HIALEAH, FL 33018			HIALEAH, FL 33018			
		•				
ARTICLE III PURPO	OSE the corporation is organized is:					
ANY AND ALL LAW	FUL BUSINESS					
						
				AY .		
				(3) (9		
				P.4		
				.;		
ARTICLE IV SHAR The number of shares of				•		
Name and Titl	4L OFFICERS AND/OR DIRECTO: YULITZA YNCIARTE SANCHE 9229 WEST 33RD WAY	Z-P Name	9229 WEST	ALI J LAMEDA MIZE -VP 229 WEST 33RD WAY		
Address	HIALEAH, FL 33018	radic		HIALEAH, FL 33018		
Name and Title	2:	Name	and Title:			
Address		Addre	ess:			
	 		 -			
		 				
		N	3 ****. b			
Address		Addre	<u></u> _			
		· · · · ·				

Name a	nd Title:	Name and Title:
Addres	ss	Address:

	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	YULITZA YNCIARTE SANCHEZ	
Address:	9229 WEST 33RD WAY	·
	HIALEAH, FL 33018	
ARTICLE VII	INCORPORATOR	
The name and	address of the incorporator is:	
Name:	YULITZA YNCIARTE SANGHEZ	
Address: 9229 WEST 33RD	9229 WEST 33RD WAY	
	HIALEAH, FL 33018	um
	energy hate.	
Effective date	I EFFECTIVE DATE: if other than the date of filing:	. (OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days prior or 90 days after the
Note: If the da	ate inserted in this block does not meet the appl	icable statutory filing requirements, this date will not be listed as
the document's	effective date on the Department of State's rec	cords.
Having been no this certificate,	amed as registered agent to accept service of f I am familiar fith and accept the appointment	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
×	- Hilliam ria	05/28/2019
	Registered Age	nt Date
I submit this de	ocument and affirm that the facts stated here w Department of State constitutes a third degre	in are true. I am aware that the false information submitted in a efelony as provided for in s.817.155, F.S.
<i>*</i>	Hott to	05/28/2019
Req	juired Signature Book water	Date
	7 4/	

Fax: (850) 617-6381

From: Robert Fanjul

Fax: 18775036086

05/29/2019 12:03 PM

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