

PI 9000070832

Florida Department of State
Division of Corporations
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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
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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PEREA HOTEL SOLUTIONS CORP**

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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J DENNIS

SEP 17 2019

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

19 SEP 16 AM 9:42

ARTICLE I NAMEPEREA HOTEL SOLUTIONS CORP
The name of the corporation shall be: _____**ARTICLE II PRINCIPAL OFFICE**Principal street address
1236 MARSEILLE DR APT 2
MIAMI BEACH, FL 33141

_____Mailing address, if different is:
1236 MARSEILLE DRIVE APT 2
MIAMI BEACH, FL 33141

_____**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES

_____**ARTICLE IV SHARES**1000
The number of shares of stock is: _____**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: AARON D PEREA ALQUICIRA-P

_____Address: 1236 MARSEILLE DRIVE APT 2
MIAMI BEACH, FL 33141

_____Name and Title: _____
_____Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

13 SEP 16 AM 9:47

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: AARON D PEREA ALQUICIRA
Address: 1236 MARSEILLE DRIVE APT 2
MIAMI BEACH, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AARON D PEREA ALQUICIRA
Address: 1236 MARSEILLE DRIVE APT 2
MIAMI BEACH, FL 33141

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

Aaron Perea
Required Signature/Registered Agent

9/13/2019
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.

Aaron Perea
Required Signature/Incorporator

9/13/2019
Date