Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000277121 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: FANJUL ENTERPRISES LLC Account Name

Account Number : I2019000080

: (305)603-8791

Phone 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.

FLORIDA PROFIT/NON PROFIT CORPORATION PINZON GENERAL SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax: (850) 617-6381

Page: 2 of 3

09/16/2019 3:58 PM

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

	IPAL OFFICE		
	Principal street address	Mailing addre 1746 SW 11TH STREI	ss, if different is:
1746 SW 11TH STREET			
MIAMI, FL 33135		MIAMI, FL 33135	,
RTICLE III PURPO	NSE.		
ANY AND LAWFUL P			
			77.00
			三
			T> = 1
			388
			7
			FLORE
ARTICLE IV SHARE The number of shares of	<u>ES</u> 1000		47
ARTICLE V INITIA Name and Title	A ARTICORY AND MOROTOR		
Name and Title	SOFIA VESGA PINZON-P	Name and Title:	
	SOFIA VESGA PINZON-P 1746 SW 11TH STREET	Name and Title:	
Name and Title	SOFIA VESGA PINZON-P	Name and Title:	
Name and Title	SOFIA VESGA PINZON-P 1746 SW 11TH STREET	Name and Title:Address:	
Name and Title	SOFIA VESGA PINZON-P 1746 SW 11TH STREET MIAMI, FL 33135	Name and Title:Address:	
Name and Title	SOFIA VESGA PINZON-P 1746 SW 11TH STREET MIAMI, FL 33135	Name and Title:Address:Name and Title:Name and Title:	
Name and Title Address Name and Title:	SOFIA VESGA PINZON-P 1746 SW 11TH STREET MIAMI, FL 33135	Name and Title:Address:Name and Title:Name and Title:	
Name and Title Address Name and Title:	SOFIA VESGA PINZON-P 1746 SW 11TH STREET MIAMI, FL 33135	Name and Title:Address:Name and Title:Name and Title:	
Name and Title Address Name and Title:	SOFIA VESGA PINZON-P 1746 SW 11TH STREET MIAMI, FL 33135	Name and Title:Address:Name and Title:Name and Title:	
Name and Title Address Name and Title: Address	SOFIA VESGA PINZON-P 1746 SW 11TH STREET MIAMI, FL 33135	Name and Title:Address:Name and Title:Name and Title:	
Name and Title Address Name and Title: Address	SOFIA VESGA PINZON-P 1746 SW 11TH STREET MIAMI, FL 33135	Name and Title: Address: Name and Title: Address: Name and Title:	

Name an	d Title:	Name and Title:
Address		Address:

	REGISTERED AGENT	
Name:	lorida street address (P.O. Box NOT accep SOFIA VESGA PINZON	able) of the registered agent is:
Address:	1746 SW LITH STREET	
	MIAMI, FL 33135	
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	SOFIA VESGA PINZON	
Address:	1746 SW 11TH STREET	
	MIAMI, FL 33135	
ARTICLE VILL	EFFECTIVE DATE:	
Effective date, if	fother than the date of filing:	. (OPTIONAL) I cannot be more than five days prior or 90 days after the
filing.)	a interted in this block does not need the an	olicable statutory filing requirements, this date will not be listed as
the document's	effective date on the Department of State's r	ecords.
Having been na this certificate, I	med as registered agent to accept service of am familiar with and accept the appointme	process for the above stated corporation at the place designated in the state of the state of t
A Solio U	Required Signature/Registered Ag	9/16/19
I submit this do document to the	cument and affirm that the facts stated her Department of State constitutes a third degi	ein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S.
* 0 - 1 - 2	1 0.	9/16/19
Requ	Hed Signature/Incorporator	Date