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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  
LUIS & ANDREA SERVICIOS Y PRODUCTOS CORP

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

19 SEP 18 PM 3:13  
DIVISION OF CORPORATIONS

SEP 18 2019

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SEP 18 2019

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

**ARTICLE I NAME** LUIS & ANDREA SERVICIOS Y PRODUCTOS CORP  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 5599 NW 5TH STREET APT C-12  
MIAMI, FL 33126  
Mailing address, if different is:  
5599 NW 5TH STREET APT C-12  
MIAMI, FL 33126

**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:	ANDRES M GUTIERREZ SANCHEZ-P	Name and Title:	KATHERINE D CAMPOS
Address:	5599 NW 5TH STREET APT C-12 MIAMI, FL 33126	Address:	DE GUTIERREZ-VP 5599 NW 5TH STREET APT C-12 MIAMI, FL 33126
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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PROCESSED BY CORPORATION

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: ANDRES M GUTIERREZ SANCHEZ  
 Address: 5599 NW 5TH STREET APT C-12  
MIAMI, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANDRES M GUTIERREZ SANCHEZ  
 Address: 5599 NW 5TH STREET APT C-12  
MIAMI, FL 33126

**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

ANDRES M. GUTIERREZ S. 09/17/2019  
 Required Signature/Registered Agent 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.

ANDRES M. GUTIERREZ S. 09/17/2019  
 Required Signature/Incorporator Date

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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS