

P19000071546

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000280100 3)))



H190002801003ABCV

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:

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
CLAUMAR ASOCIADAS CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

N SAMS

FILED
2019 SEP 18 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CLAUMAR ASOCIADAS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address12240 NE 10TH AVENUENORTH MIAMI, FL 33161

Mailing address, if different is:

12240 NE 10TH AVENUENORTH MIAMI, FL 33161**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CLAUDIA L RODRIGUEZ-P

Name and Title: _____

Address: 12240 NE 10TH AVENUE

Address: _____

NORTH MIAMI, FL 33161

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2019 SEP 18 AM 11:34
SECRETARY OF
STATE

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CLAUDIA L RODRIGUEZ
Address: 12240 NE 10TH AVENUE
NORTH MIAMI, FL 33161

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CLAUDIA L RODRIGUEZ
Address: 12240 NE 10TH AVENUE
NORTH MIAMI, FL 33161

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

CL RODRIGUEZ
Required Signature/Registered Agent

SEP. 18. 19
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.

CL RODRIGUEZ
Required Signature/Incorporator

SEP. 18. 19
Date

FILED
2019 SEP 18 AM 11:34
SECRETARY OF
TALLAHASSEE