

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 : I20190000088
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FLORIDA PROFIT/NON PROFIT CORPORATION
R&S HERNANDEZ CORP

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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: R&S HERNANDEZ CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address6141 SW 109TH AVENUEMIAMI, FL 33173

Mailing address, if different is:

6141 SW 109TH AVENUEMIAMI, FL 33173**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: ALEJANDRA W. CRUZ GARCIA-PAddress: 6141 SW 109TH AVENUEMIAMI, FL 33173

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: ALEJANDRA W CRUZ GARCIAAddress: 6141 SW 109TH AVENUEMIAMI, FL 33173**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: ALEJANDRA W CRUZ GARCIAAddress: 6141 SW 109TH AVENUEMIAMI, FL 33173**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*X Waleska Cruz

Required Signature/Registered Agent

X 09-24-19

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.*X Waleska Cruz

Required Signature/Incorporator

X 09-24-19

Date