Division of Carperations

Florida Department on State

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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 MIDIALARTE CORP

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27203

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

Name and Title:		CIPAL OFFICE Principal street address		ss, if different is:
ARTICLE IV SHARES ANY AND ALL LAWFUL CORP ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND OR DIRECTORS Name and Title: Address	1370 WEST 29TH ST	REET		
ARTICLE IV SHARES ANY AND ALL LAWFUL CORP ARTICLE IV SHARES The number of shares of stock is: ARTICLE V PITIAL OFFICERS ANDMOR DIRECTORS Name and Title: Address Name and Title: Name and Title: Address Name and Title: Address Name and Title: Name and Title: Address Name and Title: Name and Title:	HIALEAH, FL 33012		HIALEAH, FL 33012	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS ANDAOR DIRECTORS Name and Title: Address Name and Title: Address Name and Title: Name and Title: Address Name and Title:	The purpose for which	OSE the corporation is organized is:		
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND ARD DIRECTORS Name and Title: Address Name and Title: Name and Title: Address Name and Title: Address: Name and Title:				
Address HIALEAII, FL 33012 Name and Title: Address: Name and Title: Address: Name and Title: Name and Title: Name and Title: Name and Title:	The number of shares of ARTICLE V INIT	f stock is: AL OFFICERS AND/OR DIRECTORS		2018 SEP 21 SECTE IAN TALLAHASS
Name and Title: Address Name and Title: Address: Name and Title: Name and Title: Name and Title:		1440 IV SOTH ST		
Address: Name and Title: Name and Title:	мацезя	HIALEAH, FL 33012		ガラ 韓
Name and Title:	Name and Titl	c:	Name and Title:	
	Address		Address:	
			Name and Title	
	Name and Tit	c:	_ reame and inde:	
Address Address:			Address:	

Name a	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI	REGISTERED AGENT	
The pame and I	Florida street address (P.O. Box NOT acceptable) of IRKA A RODRIGUEZ HONDARES	the registered agent is:
Name:	1370 W 29TH STREET	
Address:		
	HIALEAH, FL 33012	
ARTICLE VII	INCORPORATOR	
The pame and	address of the Incorporator is:	
Name:	IRKA A RODRIGUEZ HONDARES	
Address:	1370 W 29TH STREET	
	HIALEAH, FL 33012	
ARTICLE VIII	I 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.)		statutory filing requirements, this date will not be listed as
Note: If the dathe document's	effective date on the Department of State's records.	saudiory ining requirements, this date with the occurrence as
Harden kansas	amend as remistered agenting accept versice of provess	for the above stated corporation at the place designated in
this certificate,	I am familiar with and accept the appointment as reg	istered agent und agree to act in this capacity
		9/25/19
	Required Signature/Registered Agent	/ Date
I submit this do	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a yas provided for in s.817.155. F.S.
	- All	9/25/19
Req	uired Signature Incorporator	Date
	0	

Fax: (850) 617-6381

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From: Robert Fanjul Fax: 18775036086

To: