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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

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TALLAHASSEE, FL

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**FLORIDA PROFIT/NON PROFIT CORPORATION
MALU DESIGN AND PRINT CORP**

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N. SAMS

SEP 30 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MALU DESIGN AND PRINT CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
8889 FONTAINEBLEAU BLVD APT 309MIAMI, FL 33172

Mailing address, if different is:

8889 FONTAINEBLEAU BLVD APT 309MIAMI, FL 33172**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: DANIEL CASTRO-PAddress: 8889 FONTAINEBLEAU BLVD APT 309MIAMI, FL 33172Name and Title: MAURO HERNANDEZ-VPAddress: 8889 FONTAINEBLEAU BLVDAPT 309MIAMI, FL 33172

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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ALL AMERICAN

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: DANIEL CASTRO

Address: 8889 FONTAINEBLEAU BLVD APT 309

MIAMI, FL 33172

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DANIEL CASTRO

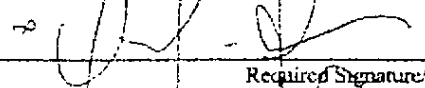
Address: 8889 FONTAINEBLEAU BLVD APT 309

MIAMI, FL 33172

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*

Required Signature/Registered Agent9/26/19

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.*

Required Signature/Incorporator9/26/19

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