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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : 120190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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19 NOV -5 AM 10:37
TALLAHASSEE, FLORIDA

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ACN TECHNOLOGY IN DEVELOPMENT CORP**

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

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEACN TECHNOLOGY IN DEVELOPMENT CORP
The name of the corporation shall be: _____**ARTICLE II PRINCIPAL OFFICE**Principal street address
20200 W DIXIE HWY SUITE 902
MIAMI, FL 33180

_____Mailing address, if different is:

_____**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: HERNAN C RODRIGUEZ-P
Address: 1750 NW 107TH AVENUE APT M710
MIAMI, FL 33172

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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: HERNAN C RODRIGUEZ
Address: 1750 NW 107TH AVENUE
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HERNAN C RODRIGUEZ
Address: 1750 NW 107TH AVENUE
MIAMI, FL 33172

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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 
Required Signature/Registered Agent

X 11/05/2019
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 
Required Signature/Incorporator

X 11/05/2019
Date