

Division of Corporations

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

**\*\*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  
VENEMOTORS USA CORP**

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

SECRETARY OF STATE  
TREASURER OF FLORIDA

19 NOV 22 PM 11:16

FILED

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: VENEMOTORS USA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address740 84TH STREET APT 2MIAMI BEACH, FL 33141

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**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JESUS R HERNANDEZ TRUJILLO-PAddress: 740 84TH STREET APT 2MIAMI BEACH, FL 33141

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: JESUS R HERNANDEZ TRUJILLO

Address: 740 84TH STREET APT 2

MIAMI BEACH, FL 33141

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JESUS R HERNANDEZ TRUJILLO

Address: 740 84TH STREET APT 2

MIAMI BEACH, FL 33141


**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

11/20/2019  
\_\_\_\_\_  
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

11/20/2019  
\_\_\_\_\_  
Date