

Division of Corporations

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P19 000 089 856
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : E & F LATIN GROUP LLC
Account Number : 120160000049
Phone : (954) 384-8565
Fax Number : (954) 385-5175

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Office@eflatinaccounting.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
TRIDENT LABS FITNESS AND STRENGTH CORP**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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December 5, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E & F LATIN GROUP LLC

SUBJECT: TRIDENT LABS FITNESS AND STRENGTH CORP
REF: W19000104216

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

If you have any further questions concerning your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000341003
Letter Number: 619A00024624

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TRIDENT LABS FITNESS AND STRENGTH CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: E&F LATIN GROUP LLC
Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 109
Address

WESTON, FL 33326
City, State & Zip

954 384 8565
Daytime Telephone number

DIEGO@EFLATINACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: TRIDENT LABS FITNESS AND STRENGTH CORP

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address Mailing address, if different is:
1401 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33323

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: All Lawfull Purposes

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>EDUARDO ARANGUIZ A. - DIR</u>	Name and Title:	<u>SEBASTIAN I. CORTES - DIR</u>
Address	<u>1401 SAWGRASS CORPORATE</u>	Address:	<u>1401 SAWGRASS CORPORATE</u>
	<u>PARKWAY</u>		<u>PARKWAY</u>
	<u>SUNRISE FL 33323</u>		<u>SUNRISE FL 33323</u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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Sebastian I. Cortes
1401 Sawgrass Corporate Parkway
Sunrise, 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: B&F LATIN GROUP LLC
Address: 1820 N CORPORATE LAKES BLVD
SUITE 109, WESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

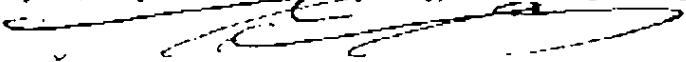
Name: DIEGO FIGUEROA
Address: 1820 N CORPORATE LAKES BLVD
SUITE 109, WESTON, FL 33326

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TALLAHASSEE, FLORIDA

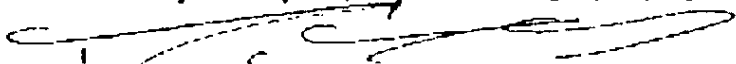
ARTICLE VIII EFFECTIVE DATE: 11/20/2019 (OPTIONAL)
Effective date, if other than the date of filing: _____
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

	11/20/2019
Required Signature/Registered Agent	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.

	11/20/2019
Required Signature/Incorporator	Date