

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

C RICO

JAN 06 2020

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
VERA & VIDEAU CORP

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|-----------------------|---------|
| Certificate of Status | 0 |
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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME**VERA & VIDEAU CORP**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is: _____

495 NW 72ND AVENUE APT 209MIAMI, FL 33126**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFULL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EVERLIN A VERA ROMERO-PName and Title: ILDANA S LUCENA VIDEAU-VPAddress: 495 NW 72ND AVENUE APT 209Address: 495 NW 72ND AVENUE APT 209MIAMI, FL 33126MIAMI, FL 33126

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2020 JAN 6 PM 4:13

CLERK OF STATE
DIVISION OF CORPORATIONS

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: EVERLIN A VERA ROMEROAddress: 495 NW 72ND AVENUE APT 209MIAMI, FL 33126**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: EVERLIN A VERA ROMEROAddress: 495 NW 72ND AVENUE APT 209MIAMI, FL 33126**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 Everlin Vera
Required Signature/Registered Agent01/01/2020

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 Everlin Vera
Required Signature/Incorporator01/01/2020

Date

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STATE OF FLORIDA
DEPARTMENT OF STATE