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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.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION YMA CULLEN CLEANING SERVICES CORP

| Certificate of Status | 0       |  |
|-----------------------|---------|--|
| Certified Copy        | 0       |  |
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Help



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

| ARTICLE I NAME The name of the corporat       | YMA CULLEN CLEAN                               | NG SERVICES C  | DRP                                    |  |  |
|---|--|----------------|--|--|--|
|   |  | ·              |  |  |  |
| ARTICLE II PRINC                              | TPAL OFFICE<br>Principal <u>street</u> address |                | Mailing address, if different is:      |  |  |
|   | •  |                |  |  |  |
| 6024 SW 8TH STREET                            | LOT C336                                       | <del></del>    | ······································ |  |  |
| MIAMI, FL 33144                               |  |                |  |  |  |
| ADTICIE III DIIDDO                            | OCE.   |                |  |  |  |
| ARTICLE III PURPO<br>The purpose for which to | he corporation is organized is:                |                |  |  |  |
| ANY AND ALL LAWFUL                            | L PURPOSES                                     |                | 0                                      |  |  |
|   |  |                |  |  |  |
|   |  |                |  |  |  |
|   |  |                | ļ .                                    |  |  |
|   |  |                |  |  |  |
|   |  |                | <u>F</u>                               |  |  |
|   |  |                | <u> </u>                               |  |  |
|   |  |                | -                                      |  |  |
| ARTICLE V INITIA<br>Name and Title            | 6024 SW 8TH STREET LOT C336                    |                | ANGELA GIRALDO RAMIREZ-VP              |  |  |
| Address                                       |  | Address:       |  |  |  |
|   | MIAMI, FL 33144                                |                | MIAMI, FL 33144                        |  |  |
|   |  |                |  |  |  |
|   |  |                |  |  |  |
| None and Title                                | MARIANNI GES SUAREZ-SEC                        | Name and Title | ·                                      |  |  |
| Name and Title.                               | 6024 SW 8TH STREET LOT C336-SEC                |                | ·                                      |  |  |
| Address                                       |  | Address:       |  |  |  |
|   | MIAMI, FL 33144                                | <del></del>    |  |  |  |
|   |  |                |  |  |  |
|   |  |                |  |  |  |
| Nome and Title                                |  | Name and Title | :                                      |  |  |
| Name and Tide.                                |  |                |  |  |  |
| Address                                       |  | Address:       |  |  |  |
|   |  |                |  |  |  |
|   |  |                |  |  |  |
|   |  |                |  |  |  |

| anjul Fa         | x: 18775036086                      | To:  | Fax: (850) 617-6381   | Page: 3 of 3                 | 01/07/2020 10:00     |
|------------------|-------------------------------------|--|---|------------------------------|----------------------|
| Nam              | ic and Title;_                      |  | Name and Title:   |                              |                      |
| Add              | dr <b>e</b> ss _                    |  | Address:  |                              | <del></del>          |
|                  | -                                   |  | - <u> </u>  |                              |                      |
| ARTICI F V       | VI PEGIST                           | ERED AGENT   |   |                              |                      |
|                  |                                     |  | acceptable) of the registered agent i   | s:                           |                      |
| Name:            | YUSN                                | EL BAEZ  |   |                              |                      |
| Address:         | 6024 9                              | SW 8TH STREET LOT C336   |   |                              |                      |
|                  | MIAMI                               | , FL 33144   |   |                              | 20 .                 |
| <u>ARTICLE I</u> | VII INCOR                           | <u>PORATOR</u>   |   |                              | 7                    |
| The name a       | <u>nd address</u> of                | the Incorporator is:   |   | į.                           | 2.3                  |
| Name:            | YI                                  | JSNIEL BAEZ  | <del></del>   | F* C                         | <u> </u>             |
| Address          | s: <u>-</u>                         | 24 SW 8TH STREET LOT C   | 336   | No.                          | 21 <del>10.</del> 22 |
|                  | M                                   | AMI, FL 33144  |   | •                            |                      |
| Effective da     | te, if other tha                    | TIVE DATE:<br>an the date of filing:<br>ated, the date must be speci | fic and cannot be more than five  | ONAL)<br>days prior or 90 ds | sys after the        |
| Note: If the     | e date inserted<br>nt's effective ( | in this block does not meet t<br>date on the Department of St        | the applicable statutory filing requiate's records.                           | irements, this date w        | ill not be listed as |
| Having been      | n named as rej                      | ristered agent to accept service                                     | ee of process for the above stated co<br>ent as registered agent and agree to | rporation at the place       | c designated in th   |
| cernjicate, i    | -                                   | они ини иссере те прроини  | en as regionien ngent and ugite to  | о 1/04/20                    |                      |

Required Signature/Registered Agent

Required Signature/Incorporator

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.

Date

01/04/2020

Date