

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: _____

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TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
LORENZODOMME CORP

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

ARTICLES OF INCORPORATION

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

ARTICLE I NAME**LORENZODOMME CORP**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

527 N BIRCH RD APT 1**FORT LAUDERDALE, FL 33304****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: **LORENZO LIBRIZZI-P**

Name and Title: _____

Address **527 N BIRCH ROAD APT 1**

Address: _____

FORT LAUDERDALE, FL 33304

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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: LORENZO LIBRIZZI
Address: 527 N BIRCH ROAD APT 1
FORT LAUDERDALE, FL 33304

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: LORENZO LIBRIZZI
Address: 527 N BIRCH ROAD APT 1
FORT LAUDERDALE, FL 33304

ARTICLE VIII EFFECTIVE DATE:

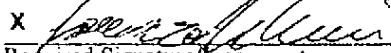
Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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  _____ 01/01/2020
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.

X  _____ 01/01/2020
Required Signature/Incorporator Date

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