10/2020

Division of Corporations

Florida Department of State Participation of Conormous Conormous Conormous Conormous Conormous

Note: Please print this page and use it us a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000107363)))



H200000107363ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565

Fax Number

: (954)385-5175

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

Email Address:__(

Office Ceflatinamanting.com

FLORIDA PROFIT/NON PROFIT CORPORATION WESLEY CHAPEL SADEMO CORP

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

DECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

1/13/30

COVER LETTER

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

	(PROPOSED CORPOR	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
sed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
S70.00 Filing Fee	■ \$78.75 Piling Fee & Certificate of Status	S78.75 Filing Fee & Cortified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM. E&F	LATIN GROUP LLC		
		w (Printed or typed) SUITE 109	
	Name N CORPORATE LAKES BLVD	,,	
1820	Name N CORPORATE LAKES BLVD	SUITE 109	SECRE TALL
1820	Name of the Name o	SUITE 109	Secke Ar TALL AH
1820 Wes	Name of the Name o	SUITE 109 Address	
1820 Wes	Name of the Name o	SUITE 109 Address	ー ニー

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)

me of the corp			
LEH PR	NCIPAL OFFICE Principal street address		Marilian address 18 4945 1
SW 104 ST, A	APT 36		Mailing address, if different is:
II. FL 33196			
		- ,	
-			
LEIN PUI	RPUSE the the corporation is organized is: All L	awfull Purnoses	
tivine tot mate	n the corporation is organized it:		
·			
			
			·
·· ·		_ 	 -
-· . <u></u> -			
LEIV SHA	URES of stock is: 1000	 .	
nber of shares	of stock is: 1000 IAL OFFICERS AND/OR DIRECTOR		CAROLINA OMEDAS - DIR
mber of shares	of stock is: 1000	Name and Title	CAROLINA OMEDAS - DIR
The V INTO	of stock is: 1000 TAL OFFICERS AND/OR DIRECTOR (de: ANTONIO OMELIAS - DIR 14924 SW 104 ST, APT 36		11713 SW 137 PATH
The V INIT	of stock is: 1000 TAL OFFICERS AND/OR DIRECTOR ide: ANTONIO OMEDAS - DIR	Name and Title	
The V INIT	of stock is: 1000 TAL OFFICERS AND/OR DIRECTOR (de: ANTONIO OMELIAS - DIR 14924 SW 104 ST, APT 36	Name and Title	11713 SW 137 PATH MIAMI, FL 33186
The V INIT Name and T Address	of stock is: 1000 TAL OFFICERS AND/OR DIRECTOR Itle: ANTONIO OMEDAS - DIR 14924 SW 104 ST, APT 36 MIAMI, FL 33196	Name and Title	11713 SW 137 PATH
The V INIT Name and T Address	TAL OFFICERS AND/OR DIRECTOR Ide: ANTONIO OMEDAS - DIR 14924 SW 104 ST, APT 36 MIAMI, FL 33196	Name and Title	11713 SW 137 PATH MIAMI, FL 33186
The V INIT Name and T Address	of stock is: 1000 TAL OFFICERS AND/OR DIRECTOR Ide: ANTONIO OMEDAS - DIR 14924 SW 104 ST, APT 36 MIAMI, FL 33196 Ie: EMUGDIO SUAREZ- DIR	Name and Title Address: Name and Title	11713 SW 137 PATH MIAMI, FL 33186
Name and Tit	of stock is: 1000 TAL OFFICERS AND/OR DIRECTOR Ide: ANTONIO OMEDAS - DIR 14924 SW 104 ST, APT 36 MIAMI, FL 33196 Ie: EMIGDIO SHAREZ- DIR 11713 SW 137 PATH	Name and Title Address:	MIAMI, FL 33186
The V INTO Name and T Address Name and Tit	TAL OFFICERS AND/OR DIRECTOR Ide: ANTONIO OMEDAS - DIR 14924 SW 104 ST, APT 36 MIAMI, FL 33196 Ie: EMIGDIO SUAREZ- DIR 11713 SW 137 PATH MIAMI, FL 33186	Name and Title Address: Name and Title	MIAMI, FL 33186
The V INTO Name and T Address Name and Tit	TAL OFFICERS AND/OR DIRECTOR Ide: ANTONIO OMEDAS - DIR 14924 SW 104 ST, APT 36 MIAMI, FL 33196 Ie: EMUGDIO SHAREZ- DIR 11713 SW 137 PATH MIAMI, FL 33186	Name and Title Address: Name and Title Address: Address:	MIAMI, FL 33186
Name and Tit	TAL OFFICERS AND/OR DIRECTOR Ide: ANTONIO OMEDAS - DIR 14924 SW 104 ST, APT 36 MIAMI, FL 33196 Ie: EMIGDIO SUAREZ- DIR 11713 SW 137 PATH MIAMI, FL 33186	Name and Title Address: Name and Title Address: Address:	MIAMI, FL 33186
Name and T Address Name and Tit Address	of stock is: 1000 TAL OFFICERS AND/OR DIRECTOR Ide: ANTONIO OMEDAS - DIR 14924 SW 104 ST, APT 36 MIAMI, FL 33196 Ie: EMIGDIO SUAREZ- DIR 11713 SW 137 PATH MIAMI, FL 33186	Name and Title Address: Name and Title Address: Address:	MIAMI, FL 33186 SECRETARY OF STATE
Name and Tit Address Name and Tit Address	TAL OFFICERS AND/OR DIRECTOR Ide: ANTONIO OMEDAS - DIR 14924 SW 104 ST, APT 36 MIAMI, FL 33196 Ie: EMUGDIO SHAREZ- DIR 11713 SW 137 PATH MIAMI, FL 33186	Name and Title Address: Name and Title Address: Address:	MIAMI, FL 33186 SECRETARY OF STATE
Name and Tit Address	of stock is: 1000 TAL OFFICERS AND/OR DIRECTOR Ide: ANTONIO OMEDAS - DIR 14924 SW 104 ST, APT 36 MIAMI, FL 33196 Ie: EMIGDIO SUAREZ- DIR 11713 SW 137 PATH MIAMI, FL 33186	Name and Title Address: Name and Title Address: Name and Title Name and Title	MIAMI, FL 33186 SECRETARY OF STATE

Name i	and Title:	Name and Title:	_
Addre			<u>.</u>
			_
ARTICLE VI	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT acceptable) E&F LATIN GROUP LLC	of the registered agent is:	
Address:	1820 N CORPORATE LAKES BLVD	_	
riddicas.	SUITE 109, WESTON, FL 33326	2020 SE	
ADTICI E VII	INCORPORATOR	SECRETAR' TALLAHA	T
		TARY OF SAHASSEE	
ine <u>name and 6</u>	address of the locurporator is:	SSE A	Ban.
Name:	DIEGO FIGUEROA	$\mathbf{v} = \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v}$	225
Address:	1820 N CORI ORATE LAKES BLVD	_ FLE 53	
	SUITE 109, WESTON, FL 33326	_	
Effective date, it	EFFECTIVE DATE: f other than the date of filling: date is listed, the date must be specific and came	(OPTIONAL) of be more than five days prior or 90 days after the	
Note: If the date he document's c	e inserted in this block does not meet the applicable iffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
faving been na his certificate, I	med as registered agent to accept service of proces ans familiar with and accept the appointment as re	for the above stated corporation at the place designated in distered agent and agree to act in this capacity	J
		01/10/2020	
	Required Signature/Registered Agent	Date	
enbmit this doc enment to the . 	rument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.	
		01/10/2020	
Requi	red Signature/Incorporator	Dato	

100,0

23 08.37AN P31 3343024370 / 10300170301