

P20000002501

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Print this page and use it as a cover sheet. Type the document number (shown below) on the top and bottom of all pages of the document.

((H20000013478 3)))



H200000134783ABCZ

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 : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

FILED
20 JAN 13 PM 2:19
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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CECE SWIM CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
2020 JAN 13 PM 2:32
DIVISION OF CORPORATIONS
COMMERCIAL
UNIVERSITY PROVIDES

ARTICLES OF INCORPORATION

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

ARTICLE I NAME**CECE SWIM CORP**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

100 LINCOLN ROAD APT 305

MIAMI BEACH, FL 33130

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: MARIA C SORIA-P

Name and Title: CARLA S COLLORICCHIO-VP

Address: 100 LINCOLN ROAD APT 305

Address: 100 LINCOLN ROAD APT 305

MIAMI BEACH, FL 33130

MIAMI BEACH, FL 33130

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: MARIA C SORIAAddress: 100 LINCOLN ROAD APT 305MIAMI BEACH, FL 33130**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MARIA C SORIAAddress: 100 LINCOLN ROAD APT 305MIAMI BEACH, FL 33130**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



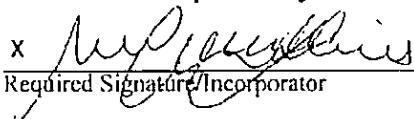
Required Signature/Registered Agent

01/04/2020

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



Required Signature/Incorporator

01/04/2020

Date