

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: \_\_\_\_\_

20JAN 13 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION  
ESPMART CORP

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
OFFICE OF COMMERCIAL  
REGISTRATION SERVICES

2020 JAN 13 PM 2:32

RECEIVED

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

ARTICLE I NAME ESPMART CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4845 NW 7TH ST APT 404

MIAMI, 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: KARLA S MARTINEZ SANCHEZ-P

Name and Title: JOSE A ESPINOZA CAMPOVERDE-VP

Address: 4845 NW 7TH ST APT 404

Address: 4845 NW 7TH ST APT 404

MIAMI, FL 33126

MIAMI, FL 33126

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 AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KARLA S MARTINEZ SANCHEZ  
 Address: 4845 NW 7TH ST APT 404  
MIAMI, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KARLA S MARTINEZ SANCHEZ  
 Address: 4845 NW 7TH ST APT 404  
MIAMI, 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  \_\_\_\_\_ 01/13/2020  
 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  \_\_\_\_\_ 01/13/2020  
 Required Signature/Incorporator Date