

From: Robert Fanjul
1/21/2020

Fax: 18775036086

To:

Fax: (850) 617-6381
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CAPOLAVORO CORP**

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

FLORIDA DEPARTMENT OF
CORPORATIONS
DIVISION OF COMMERCIAL
REGULATORY SERVICES

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

CAPOLAVORO CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

11318 NW 44 TER

DORAL, FL 33178

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: LUIS APONTE-P

Name and Title: _____

Address 11318 NW 44 TER

Address: _____

DORAL, FL 33178

Name and Title: VANESSA PINTO-VP

Name and Title: _____

Address 11318 NW 44 TER

Address: _____

DORAL, FL 33178

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

20 JAN 22 PM 5:56

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: LUIS APONTEAddress: 11318 NW 44 TERDORAL, FL 33178**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LUIS APONTEAddress: 11318 NW 44 TERDORAL, FL 33178**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



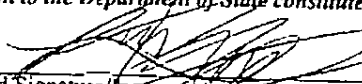
Required Signature/Registered Agent

01/08/2020

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

01/08/2020

Date

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