3/5/2020

## 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

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## FLORIDA PROFIT/NON PROFIT CORPORATION SUPER WOOD FINISHING CORP

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

ARTICLE 1 NAME The name of the corporation	SUPER WOOD FINI on shall be:	SHING CORP		
ARTICLE II PRINCI P 6800 NW 39TH AVE A	PAL OFFICE rincipal street address	). 	Mailing address, if different	
ARTICLE III PURPOS The purpose for which the ANY AND LAWFUL	e corporation is organized is:			
ARTICLE IV SHARE The number of shares of s  ARTICLE V INITIAL	tock is:		LAHASSE	2020 MAR -5
Name and Title:	WALMIR LEITE SARDELA-P 6800 NW 39TH AVE APT 179	Name and Title:	E. FLORM	
Address	COCONUT CREEK, FL 33073			: <u>5</u>
Name and Title:_		Name and Title:		
-		<del></del>		
Name and Title:_				
-				

From: Robert Fanjul	Fax: 18775036086	To:	Fax: (850) 617-6381	Page: 3 of 3	03/05/2020 2:06 PM
	Name and Title:_		Name and Title:		
	Address		Address:		
.na	uorela bacca				
	<u>ICLE VI REGIST</u> name and Florida st		OT acceptable) of the registered agent i	s:	
Nar	WAL	MIR LEITE SARDELA			
		NW 39TH AVE APT 1	79		
Adi	<del></del>	ONUT CREEK, FL 330	073		
ARI	TICLE VII INCOR	<u>PORATOR</u>			2020 HAR
The	name and address o	of the Incorporator is:			
1	Name:	WALMIR LEITE SARD	ELA		至 第二
	Address: _	6800 NW 39TH AVE A	PT 179		TILL AND A
	_	COCONUT CREEK, F	L 33073	•	AM 9: 53
					9: 5
4R'	TICLE VIII EFFE	CTIVE DATE:	(OPTI	OVALI	ラ** G
(If a	nn effective date is l	isted, the date must be s	pecific and cannot be more than five	days prior or 90 c	lays after the
<u>Not</u> the	e: If the date inserte document's effective	d in this block does not π date on the Department of	neet the applicable statutory filing required for the state's records.	irements, this date	will not be listed as
Hav cert	ring been named as r ificate, I am familiar	egistered agent to accept s with and accept the appo	ervice of process for the above stated co intment as registered agent and agree to	rporation at the pla o act in this capacit	ce designated in this
				3 -	-5 - 2000
		Required Signature/Reg	istered Agent		-5 - 2010 Date
I su	bmit this document	and affirm that the facts nent of State constitutes a	stated herein are true. I am aware th third degree felony as provided for in s	at the false inform .817.155, F.S.	ation submitted in a
<i>20</i> C	ament to the Departit	2		_	
<del>5.</del>	uired Signature/Inco	morator			-5 - 2020
Keq	nuca Signame inco	, po. 000			