

From: Robert Fanjul
3/6/2020

Fax: 1877506086

Fax: (850) 617-6381
Division of Corporations

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P20000020478

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
DSA SOLUTIONS USA CORP

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

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Corporate Filing Menu

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2020 MAR -6 PM 12:03

FILED
2020 MAR -6 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/9/2020

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

ARTICLE I NAME**DSA SOLUTIONS USA CORP**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

4300 BISCAYNE BLVD SUITE 203

MIAMI, FL 33137

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JENNIFER C UMANA LOZANO-P

3153 LOCKWOOD LAKE CIRCLE

Address

SARASOTA, FL 34234

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: JENNIFER C UMANA LOZANO
Address: 3153 LOCKWOOD LAKE CIRCLE
SARASOTA, FL 34234

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JENNIFER C UMANA LOZANO
Address: 3153 LOCKWOOD LAKE CIRCLE
SARASOTA, FL 34234

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

X 03/5/2020
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

X 03/5/2020
Date

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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