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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

FLORIDA DEPARTMENT OF STATE
ALL INFORMATION CONTAINED
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DATE 07-11-2010 BY 60322

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****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
CAB REALTY AND DEVELOPMENT CORP**

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

2020 MAR 17 AM 11:06

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME**CAB REALTY AND DEVELOPMENT 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:

4300 BISCAYNE BLVD SUITE 203

MIAMI, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARESThe number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARIA I SALGADO GONZALEZ-P

Name and Title: _____

Address

425 NE 22ND ST APT 2810

Address: _____

MIAMI, FL 33137

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

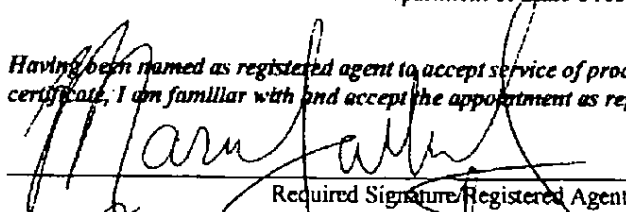
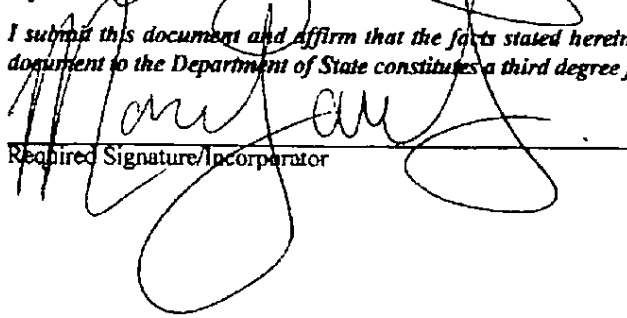
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: MARIA I SALGADO GONZALEZAddress: 425 NE 22ND ST APT 2810MIAMI, FL 33137**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MARIA I SALGADO GONZALEZAddress: 425 NE 22ND ST APT 2810MIAMI, FL 33137**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*
Required Signature/Registered Agent03-16-2020
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.*
Required Signature/Incorporator03-16-2020
DateFILED
2020 MAR 17 AM 9:41
DEPARTMENT OF STATE
TALLAHASSEE, FL 32399