

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000088114 3)))



H200000881143ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : I201900000880
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
SILVIA FERNANDEZ HOME SERVICES CORP**

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SILVIA FERNANDEZ HOME SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7640 DICKENS AVE APT 2

MIAMI BEACH, FL 33141

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful purposes

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SILVIA FERNANDEZ-P

Name and Title:

Address

7640 DICKENS AVENUE APT 2

Address:

MIAMI BEACH, FL 33141

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: SILVIA FERNANDEZ
Address: 7640 DICKENS AVE APT 2
MIAMI BEACH, FL 33141

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: SILVIA FERNANDEZ
Address: 7640 DICKENS AVE APT 2
MIAMI BEACH, FL 33141

ARTICLE VIII EFFECTIVE DATE:

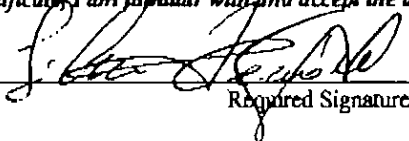
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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



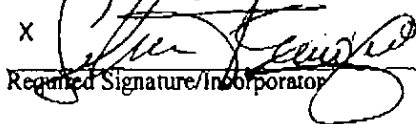
Required Signature/Registered Agent

03/05/2020

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

03/05/2020

Date

FILED
2020 MAR 19 AM 9:13
CLERK OF THE COURT
TALLAHASSEE, FLORIDA