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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION SASHALO INC

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Help

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

ARTICLE I NAME The name of the corporat	ion shall be:S	ASHALO IÑO			
	IPAL OFFICE Principal street address		N	failing address, if different is	:
5701 COLLINS AVE A	PT 809				·
MIAMI BEACH, FL 331	40				
ARTICLE III PURPO The purpose for which the	D <u>SE</u> he corporation is organized i	is:			
ANY AND ALL LAW	FUL PURPOSES				
				<i>₹9</i> .	20
·				53	20 117.0
·			 -		7
				.	-1.
ARTICLE IV SHARI				·	
The number of shares of	Stock is: 1000				. .
ARTICLE V INITIA	L OFFICERS AND/OR DI	RECTORS			
Name and Title	SASHA A FERRO-P	<u> </u>	Name and Title:_	GONZALO GOETTE-VP	
Address	5701 COLLINS AVE APT 8	309	Address: _	5701 COLLINS AVE APT	809
	MIAMI BEACH, FL 33140		_	MIAMI BEACH, FL 33140	
			_		
				·····	
Address			Address: _		
			-		•••
			-		
Name and Title:			Name and Title:		
Address					
			· <u>-</u>		
			_	· · · · · · · · · · · · · · · · · · ·	
			_		

Name and Title:		Name and Title:		
Address		Address:		
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT accepta	ble) of the registered agent is:		
Name:	SASHA A FERRO			
Address:	5701 COLLINS AVE APT 809			
	MIAMI BEACH, FL 33140			
ARTICLE VII	<u>INCORPORATOR</u>			
The <u>name and ad</u>	dress of the Incorporator is:			
Name:	SASHA A FERRO			
Address:	5701 COLLINS AVE APT 809			
	MIAMI BEACH, FL 33140			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if (If an effective diffling.)	other than the date of filing:ate is listed, the date must be specific and		or or 90 days after the	
	inserted in this block does not meet the appl ffective date on the Department of State's re		this date will not be listed	
	ed as registered agent to accept service of pro amiliar with and accept the appointment as r			
certificate, i am je		-	X	
X				

Fax: (850) 617-6381

Page: 3 of 4

Date

03/24/2020 10:39 AM

From: Robert Fanjul

Fax: 18775036086

Required Signature/Incorporator

To:

Name and	Title:	Name and Title:
Address		Address:
	EGISTERED AGENT	
The name and Flor	ida street address (P.O. Box NOT acceptable SASHA A FERRO	of the registered agent is:
Name:	5701 COLLINS AVE APT 809	
Address:		<u> </u>
-	MIAMI BEACH, FL 33140	
APTICE EVIL IN	VCOABOO ATOD	
ARTICLE VII 15	· · · · · · · · · · · · · · · · · · ·	
the name and add	ress of the Incorporator is:	
Name:	SASHA A FERRO	
∧ddress:	5701 COLLINS AVE APT B09	
	MIAMI BEACH, FL 33140	<u></u>
ARTICLE VIII E	EFFECTIVE DATE: her than the date of filing:	.(OPTIONAL)
(If an effective dat	te is listed, the date must be specific and car	mot be more than five days prior or 90 days after the
	newted in this block does not mean the applica	ble statutory filling requirements, this date will not be listed as
	ective date on the Department of State's recor	
Having been name	d as repistered agent to accept service of proces	s for the above stated corporation at the place designated in this
certificate, I um fan	nifiar with and accept the appointment as regi	stered agent and agree to act in this capacity
X	//	× 3/20/20
	Required Signature/Registered Agent	Date
I submit this document to the De	ment and affirm that the facts stated herein operment of State constitutes a third pegree fe	
X	Λ	$\frac{x 3/20/20}{Date}$
Required Signature	Incorporator	Date