

From: Robert Fanjul  
4/14/2020

Fax: 18775036086

To:

Fax: (850) 617-6381

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04/14/2020 10:16 AM

Division of Corporations

**P20000029542**

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 : 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  
REYES TRANSPORT SOLUTIONS CORP**

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

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**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: REYES TRANSPORT SOLUTIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1261 SE 28TH CT UNIT 102HOMESTEAD, FL 33035**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: RACHELI REYES-P

Name and Title: \_\_\_\_\_

Address 1261 SE 28TH CT UNIT 102

Address: \_\_\_\_\_

HOMESTEAD, FL 33035

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
20 APR 14 PM 9:55  
STATE OF FLORIDA  
TALLAHASSEE

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RACHELI REYES

Address: 1261 SE 28TH CT UNIT 102

HOMESTEAD, FL 33035

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: RACHELI REYES

Address: 1261 SE 28TH CT UNIT 102

HOMESTEAD, FL 33035

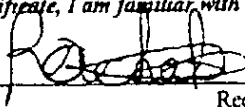
**ARTICLE VIII EFFECTIVE DATE:**

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 AgentX 4/13/2020  
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/IncorporatorX 4/13/2020  
Date