

From: Robert Fanjul  
4/29/2020

Fax: 18775036086

To:

Fax: (850) 617-6381

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04/29/2020 12:25 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
From:

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

Account Name : FANJUL ENTERPRISES LLC  
Account Number : I20190000080  
Phone : (305) 603-8791  
Fax Number : (877) 503-6086

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
S&C AUTO DETAILING CORP

Certificate of Status	0
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## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: S&C AUTO DETAILING CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

9409 FOUNTAINEBLEAU BLVD APT 107MIAMI, FL 33172ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL PURPOSESARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ISIDRO M SOSA PARRA-P

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

Address 9409 FOUNTAINEBLEAU BLVD APT 107

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

MIAMI, FL 33172

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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CLERK OF DISTRICT COURT  
JAILASSISTANT

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: ISIDRO M SOSA PARRAAddress: 9409 FOUNTAINEBLEAU BLVD APT 107MIAMI, FL 33172**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ISIDRO M SOSA PARRAAddress: 9409 FOUNTAINEBLEAU BLVD APT 107MIAMI, FL 33172**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 Agent04/15/2020\_\_\_\_\_  
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/Incorporator04/28/2020\_\_\_\_\_  
DateFILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA