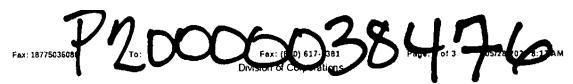
From: Robert Fanjul 5/26/2020



## 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 : 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. \*\*

Email	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION TEAM OF CHAMPIONS CORP

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To:

Fax: (850) 617-6381

05/28/2020 8:13 AM

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

ARTICLE I NAME  The name of the corporat	tion shall be: TEAM OF CHAMPION	IS CORP		
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:	
		<del></del> -	· · · · · · · · · · · · · · · · · · ·	
			~ <del>\\</del> \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
ARTICLE III PURPO	<u>OSE</u>		20 MAY 28	
The purpose for which t	he corporation is organized is:			
ANY AND ALL LAW	/FUL PURPOSES			
		·	7. F.	
			<b>F</b>	
		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		
		Name and Title:		
Address				
ridal 633	MIAMI, FL 33162			
	1117.1117, 1 2 33 1 2 2			
		<del></del>		
Name and Title	:	Name and Title:		
Address		Address:		
Name and Title	::	Name and Title:		
A .1.1		Address		
Address	-	Address,		

From: Robert Fanjul Fax: 18775036086

To:

Fax: (850) 617-6381 Page: 3 of 3 05/28/2020 8:13 AM

Name and Title:		Name and Title:			
Address		Address:			
		<del></del>			
	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable	a) of the registered agent is:	20 HAY		
Name:	MAIKEL MADRAZO GOMEZ	of the registered agent B.	28		
Address:	84 NÉ 160TH STREET				
	MIAMI, FL 33162	<del></del>	# T :		
ARTICLE VII	<u>INCORPORATOR</u>				
The name and ac	Idress of the Incorporator is:				
Name:	MAIKEL MADRAZO GOMEZ				
Address:	84 NE 160TH STREET				
	MIAMI, FL 33162				
Effective date, if (If an effective d filing.)  Note: If the date	effective DATE: other than the date of filing: ate is listed, the date must be specific and ca inserted in this block does not meet the applications of the date on the Department of State's reco	nnot be more than five days prior or 90 d	•		
certificate, I am f	ned as registered agent to occept service of proce amilian with and accept the appointment as regi	istered agent and agree to act in this capacity			
× ye	Required Signature/Registered Agent	<sup>X</sup> O.	5/22/20		
I submit this doc	ument and affirm that the facts stated herein	are true. I am aware that the false informa	Date  tion submitted in a		
	Department of State constitutes a third degree for		, ,		
X	1111	X	5/22/20		
Required Signatu	re/incorporator	Date	/		