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To:

Division of Corporations

Fax Number : (850)617-6381

JUN 0 2 2020

K. PAGE

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 PERDOMO TRUCKING SERVICES CORP

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

TEH DOW	CID (LA VELCE	ton.			
<u>LETI PRINC</u>	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:			
72ND AVE AP			ividining address, it different is.		
FL 33126					
<u>LE III PURP</u>					
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From: Robert Fanj	ul Fax: 187750360	BS To:	Fax: (850) 617-6381	Page: 3 of 3 06/01/2020 11:48 AM					
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ļ	ARTICLE VI REG	STERED AGENT							
	The name and Florida	street address (P.O. Box N	OT acceptable) of the registered agent is	:					
	Name:	RNESTO G PERDOMO							
	Address: 5	05 NW 72ND AVE APT 214							
		IIAMI, FL 33125							
	ARTICLE VII INCORPORATOR								
	The name and address	s of the Incorporator is:							
	Name:	ERNESTO G PERDOMO	) 	CD 3 C					
ĺ	Address:	505 NW 72ND AVE APT 21	4						
		MIAMI, FL 33126	·····						
	ARTICLE VIII EF	FECTIVE DATE:	· (ADTIC						
			pecific and cannot be more than five d						
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	Note: If the date inso the document's effect	rted in this block does not nive date on the Department	neet the applicable statutory filing requir of State's records.	ements, this date will not be listed as					
	Having been named a	s revistered agent to accept:	service of process for the above stated cor	poration at the place designated in this					
	certificate, fum famil	iar with and accept the appa	intment as registered agent and agree to	act in this capacity					
	× & lalow	54		× 05/29/20					
	-4-	Required Signature/Reg	gistered Agent	Date					
	I submit this docume	nt and affirm that the facts	stated herein are true. I am aware that third degree felony as provided for in s.t.	t the false information submitted in a					
	× lor	M	поделения на рготника јог игже	× 05/29/20					
1	Required Sghature/I	icorporator		Date Date					
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