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 PUERTO PADRE WINDOWS CORP

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Certificate of Status	0
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T. BURCH

JUN 20 2020

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Corporate Filing Menu

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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:PUERTO PADRE WI	INDOWS CORP		
ARTICLE II PRINCIPAL OFFICE Principal street address 625 SW 47TH CT CORAL GABLES, FL 33134	<u></u>	Mailing address, if different is:	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:  ANY AND ALL LAWFUL PURPOSES		2020 JUN 19 AHII: 13 SECRETARY OF STATE TALLAHASSEE FLORIDA	_ _ _ つ つ
005 014/477/1 07	Name and Titl	e:ORLANDO PEREZ-VP 200 NW 59 CT MIAMI, FL 33126	
Name and Title:Address			
Name and Title:Address		e:	

Fax: (850) 617-6381

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06/19/2020 8:47 AM

Name and	Title:	Name and Title:			
Address		Address:			
	EGISTERED AGENT				
Name:	orida street address (P.O. Box NOT acc ARMANDO GONZALEZ				
Address:	625 SW 47TH CT	SECI			
	CORAL GABLES, FL 33134	SECRETAR SECRETAR FALLAHASS			
ARTICLE VII	INCORPORATOR				
The name and address of the hoorporator is:		SIATE 13			
Name:	ARMANDO GONZALEZ				
Address:	625 SW 47TH CT				
	MIAMI BEACH, FL 33134				
Effective date, if of	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific	. (OPTIONAL) and cannot be more than five days prior or 90 days after the			
Note: If the date	inserted in this block does not meet the fective date on the Department of State	applicable statutory filing requirements, this date will not be listed as 's records.			
Having been nam certificate, Langfo	ed as registered agent to accept service of injiliar with and accept the appointment	of process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity			
× (%		× 6/16/2020			
15	Required Signature/Registered	Agent Date			
I submit this document to the L	ument and affirm that the facts stated i Separtment of State constitutes a third di	herein are true. I am aware that the false information submitted in a egree felony as provided for in s.817.155, F.S.			
x all	<i>"   [</i> "	× 6/16/2020			
Required Signature	(e/Incorporator	Date			