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RECEIVED
2020 AUG - 7 PM 4:00
FLORIDA DEPARTMENT OF
CORPORATIONS
REGISTRATION
SECTION
TO: FANJUL ENTERPRISES LLC
FROM: IOSVANY DRIVING SOLUTIONS CORP

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
IOSVANY DRIVING SOLUTIONS CORP**

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

2020 AUG - 7 AM 6:23
FLORIDA DEPARTMENT OF STATE
REGISTRATION SECTION, FILE

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REGISTRATION SECTION, FILE

Electronic Filing Menu

Corporate Filing Menu

Help

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: IOSVANY DRIVING SOLUTIONS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

1229 NW 6TH ST APT 2
MIAMI, FL 33125

Mailing address, if different is:

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: IOSVANY F MAGDALENO-P Name and Title:

Address: 1229 NW 6TH ST APT 2 Address:

MIAMI, FL 33125

Name and Title: _____

Address: _____ 02

19. *Urtica dioica* L. (Urticaceae) (Fig. 19) is a tall, erect, branched, hairy annual or perennial herb, 1-2 m. tall, with a thick, hollow, reddish stem. The leaves are opposite, petiolate, ovate-lanceolate, 10-15 cm. long, 5-8 cm. wide, with serrated margins and petioles 10-15 cm. long. The flowers are small, greenish, in whorls, with a strong odor, appearing in branched cymes at the ends of the branches. The fruit is a small, round, reddish-brown, 3-lobed capsule.

Name and Title: _____ Name and Title: _____

2020 AUG - 7 AM 6:23
JULIAN STATE
TALLAHASSEE, FL

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: IOSVANY F MAGDALENO

Address: 1229 NW 6TH ST APT 2

MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: IOSVANY F MAGDALENO

Address: 1229 NW 6TH ST

MIAMI, FL 33125

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.

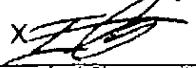
X 

Required Signature/Registered Agent

X 8-7-2020

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/Incorporator

X 8-7-2020

Date

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FLORIDA STATE
HALLANDALE, FL

