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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
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FROM: FANJUL ENTERPRISES LLC

Division of Corporations
Fax Number : (850)617-6381
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Account Number : I20190000080
Phone : (305)603-8791
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****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

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FLORIDA DEPARTMENT OF STATE
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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: IOSVANY DRIVING SOLUTIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1229 NW 6TH ST APT 2MIAMI, FL 33125**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: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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.

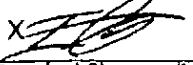
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

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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