

From: Robert Fanjul  
9/15/2020

Fax: 18775036086

To:

Fax: (850) 617-6381

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09/15/2020 9:00 AM

Division of Corporations

**P20000071920**  
Florida Department of State  
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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

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
VILLATORO PTG SOLUTIONS CORP**

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

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SEP 16 2020

**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: VILLATORO PTG SOLUTIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address  
12750 NW 27TH AVE APT 120  
OPA LOCKA, FL 33054Mailing 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: MARIO VILLATORO-PName and Title: KIMBERLY LOPEZ-VPAddress 12750 NW 27TH AVE APT 120  
OPA LOCKA, FL 33054Address: 12750 NW 27TH AVE APT 120  
OPA LOCKA, FL 33054

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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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: MARIO VILLATOROAddress: 12750 NW 27TH AVE APT 120OPA LOCKA, FL 33054FILED  
20 SEP 15 PM 8:47  
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TALLAHASSEE, FLORIDA**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MARIO VILLATOROAddress: 12750 NW 27TH AVE APT 120OPA LOCKA, FL 33054**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 Mario V.

Required Signature/Registered Agent

X 09/14/2020

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 Mario V.

Required Signature/Incorporator

X 09/14/2020

Date