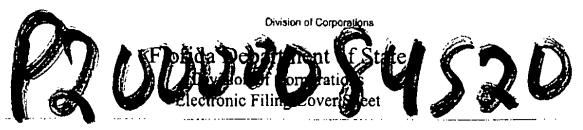
8/21/2020



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(((H20000290648 3)))



H200002906483ABC+

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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

\*\*Enter the email address for this business entity to be used for future  $\cong$ annual report mailings. Enter only one email address please. ••

## FLORIDA PROFIT/NON PROFIT CORPORATION TECHNOLOGY WORLD GROUP US COKP

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T. SCOTT

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850-617-6381

10/29/2020 9:21:22 AM PAGE 1/001 Fax Server

October 29, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E & F LATIN GROUP LLC

SUBJECT: TECHNOLOGY WOLD GROUP US CORP

REF: W20000125194

We have received your document for TECHNOLOGY WOLD GROUP US CORP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE Regulatory Specialist II FAX Aud. #: H20000290648 Letter Number: 220A00021536 850-817-8381

10/28/2020 10:27:12 AM PAGE 1/001 Fax Server



October 28, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E & F LATIN GROUP LLC

SUBJECT: TECHNOLOGY WOLD GROUP US LLC

REF: W20000124767

We have received your document for TECHNOLOGY WOLD GROUP US LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please roturn your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE Regulatory Specialist II FAX Aud. #: H20000290648 Letter Number: 120A00021446

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: TECHN	OLOGY WORLD GROUP US CO.	KP	
3000Len	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
S70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO		OPY REQUIRED
	F LATIN GROUP LLC  Nam  O N CORPORATE LAKES HLVD	e (Printed or typed) SUITE 109	
1112		Address	
WE	STON, FL 33326	State & Zip	
954	384 8565	·	
	Daytime 1	elephone number	
DIE	GO@EFLATINACCOUNTING.CO	DM	
<del></del>	E-mail address: (to be use	d for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

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

N CORPORATE	Principal <u>street</u> address 2 LAKES BLVD STE 109	1820 እ	Mailing address, if different is: N CORPORATE LAKES BLVD STE 109
STON FL 33326		WESTON FL 33326	
			GP
FICLE III PURPOSE purpose for which the corporation is organized is: All Lawfo		Purposes	2020 00
Anglase for which	The corporation is as gament as	· <u>-</u>	
		· · · ·	- ( A
			<u> </u>
			5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
ICLE IV SIIA	<u>?ES</u> 1000		
number of shares o	AL OFFICERS AND/OR DIRECTORS le: JOSE LUIS VARGAS - DIR		itle: YENIT CARINA ARAGON - DIR
number of shares o	AL OFFICERS AND/OR DIRECTORS		ide: YENIT CARINA ARAGON - DIR 1820 N CORPORATE LAKES BLVD
Name and Titi	AL OFFICERS AND/OR DIRECTORS le: JOSE LUIS VARGAS - DIR	_ Name and Ti	
Name and Titi	AL OFFICERS AND/OR DIRECTORS  le: JOSE LUIS VARGAS - DIR  1820 N CORPORATE LAKES BLVD	_ Name and Ti	1820 N CORPORATE LAKES BLVD
Name and Titi	AL OFFICERS AND/OR DIRECTORS  le: JUSE LUIS VARGAS - DIR  1820 N CORPORATE LAKES BLVD  SUITE 109  WESTON FL 33326	_ Name and Ti	SUITE 109 WESTON FL 33326
Name and Titi Address	AL OFFICERS AND/OR DIRECTORS  le: JUSE LUIS VARGAS - DIR  1820 N CORPORATE LAKES BLVD  SUITE 109  WESTON FL 33326	_ Name and Ti _ Address: Name and Ti	SUITE 109 WESTON FL 33326
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS  Ie: JOSE LUIS VARGAS - DIR  1820 N CORPORATE LAKES BLVD  SUITE 109  WESTON FL 33326	_ Name and Ti _ Address: Name and Ti	1820 N CORPORATE LAKES BLVD SUITE 109 WESTON FL 33326
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS  Ic: JOSE LUIS VARGAS - DIR  1820 N CORPORATE LAKES BLVD  SUITE 109  WESTON FL 33326	_ Name and Ti _ Address: Name and Ti	SUITE 109 WESTON FL 33326
Name and Title  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  Ic: JOSE LUIS VARGAS - DIR  1820 N CORPORATE LAKES BLVD  SUITE 109  WESTON FL 33326	- Name and Ti - Address: Name and Ti - Address:	SUITE 109 WESTON FL 33326

Name (	and Title:	Name and Title:
Addre	· · · · · · · · · · · · · · · · · · ·	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	E&F LATIN GROUP LLC	
Address:	1820 N CORPORATE LAKES BLVD	
, 1001	SUITE 109, WESTON, FL 33326	<del>_</del>
<u>ARTICLE VII</u>	INCORPORATOR	
The name and	address of the Incorporator is:	
Name:	DIEGO FIGUEROA	
Address:	1820 N CORPORATE LAKES BLVD	
<del>-</del>	SUITE 109, WESTON, FL 33326	
	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 90 days after the
Note: If the di-	ite inserted in this block does not meet the applicable effective date on the Department of State's record	le statutory filing requirements, this date will not be listed as s.
Having been n this certificate,	amed as ragistared agant to accept service of proce I am familiar with and accept the appointment as t	ess for the above stated corporation of the place designated in registered agent and agree to act in this capacity
Nic	DOIN FOIL MOCK	10/26/2020
	Required Signature/Registered Agent	Date
I submit this d document to th	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
/	iono transford.	10/26/2020
	juined Signature/Incorporator	Date