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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
CORAZON DE GAIA INC**

Certificate of Status	0
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11/03/2020

*** ARTICLES OF INCORPORATION**

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

ARTICLE I NAMEThe name of the corporation shall be: CORAZON DE GAIÁ INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

15803 KNOLLVIEW DR
TAMPA, FL 33624**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: MACARENA PEPE-P Name and Title: _____Address: CALLE QUESADA 3352 DEPT PB3 Address: _____CIUDAD AUTONOMA DE BUENOSDE BUENOS AIRES, ARGENTINA-1430

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MACARENA PEPE
Address: 15803 KNOLLVIEW DR
TAMPA, FL 33624

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MACARENA PEPE
Address: 15803 KNOLLVIEW DR
TAMPA, FL 33624

ARTICLE VIII EFFECTIVE DATE:

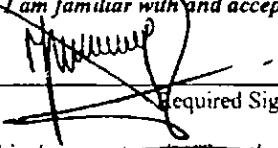
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(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 11/03/2020

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 11/03/2020

Date

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