

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000721613)))



H210000721613ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

· · ·		<u> </u>
To:		831
Division of Corporations		$\sim$
Fax Number : (850)617-6381		$\sim$
From:		0
Account Name : FANJUL ENTERPRISES LLC	- · ·	ယ္
Account Number : I20190000080		77 2
Phone : (305)603-8791		5
Fax Number : (877)503-6086		
		7021
<pre>**Enter the email address for this business entity to be use annual report mailings. Enter only one email address pl</pre>		لرزن
Email Address:		5 1 1 1
		hij
		. <u></u> 9
FLORIDA PROFIT/NON PROFIT CORPORAT	IUN	$\sim$

FLORIDA PROFIT/NON PROFIT CORPORATION **CLADIMER SOLUTION CORP** 

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

Help

202

obert Fanjul - I	-4 Fax: 18775036086	To:	Fax: (850) 617-6381	Page: 2 of 3	02/22/2021 8:09 AM
		ARTICLES C In compliance with Chapter	OF INCORPORATION 607 and/or Chapter 621, F	.S. (Profit)	
<u>ARTICLE I</u> The name of th	<u>NAME</u> ic corporation sha	Il be: CLADIMER SOLUT	ION CORP		
1821 NE 168 <u>1</u>	H ST APT C3	OFFICE al <u>street</u> address	۸ 	Aailing address, if dit	ferent is:
	or which the corp	oration is organized is:			
	ALL LAWFUL PU	JRPUSES			
			<b>_</b>		
				,	
<u>ARTICLE_V</u>		ICERS AND/OR DIRECT	ORS Name and Title:		ANCILLA-VP
Addr	css1821 M	NE 168TH ST APT C3	Address:	1821 NE 168TH ST AF	۲ C3
	NORT	TH MIAMI BEACH, FL 3316	2	NORTH MIAMI BEA	CH, FL 33162
					2021 VE3
Name	and Title:		Name and Title:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Addr	css		Address:	<u> </u>	P
		-	<u> </u>		3: 2:5 
					<u> </u>
Name	and Title:		Name and Title:		
Addr	ess		Address:		
			·		

From: Robert Fanjul	Fax: 107750360	086 To:	F	ax: (850) 617-6381	Page: 3 of 3	02/22/2021 8:09 AM
	Name and Title:_			Name and Title:		
	Address			Address:		
	-				<u> </u>	

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	CLARA CONTRERAS		
Address:	1821 NE 168TH ST APT C3		
	NORTH MIAMI BEACH, FL 33162		

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	CLARA CONTRERAS		
Address:	1821 NE 168TH ST APT C3		
	NORTH MIAMI BEACH, FL 33162		

ARTICLE VIII \_ EFFECTIVE DATE:

Date

O

Ľ

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 state	
certificette, and familiar with and accept the appointment as registered agent and age X	×2/19/21
Required Signature Registered Agent	
I submit this document and affirm that the facts stated herein are true. I am awar	
document to the pepartment of <u>States christitute</u> a third degree felony as provided for X	2/19/21

Required Signature/Incorporator