

From: Robert Fanjul
3/10/2021

Fax: 18775036086

To:

Fax: (850) 617-6381

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03/10/2021 8:15 AM

Division of Corporations

P210000969003ABC

Florida Department of State

Division of Corporations

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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

****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
EAT WELL FEEL GOOD CORP**

Certificate of Status	0
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T. SCOTT

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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: EAT WELL FELL GOOD CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

81 NW 34TH AVEMIAMI, 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: EMIGDIO MONZON-PName and Title: EUGENIO SERRANO MORALES-VPAddress 81 NW 34TH AVEAddress: 81 NW 34TH AVEMIAMI, FL 33125MIAMI, FL 33125Name and Title: NAUDY ESTEVEZ CALDAS-SEC

Name and Title: _____

Address 192 FLORIDA BLVD

Address: _____

MIAMI, FL 33144

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

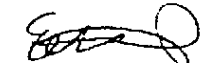
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: _____
EMIGDIO MONZONAddress: _____
81 NW 34TH AVE
_____ MIAMI, FL 33125
_____**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: _____
EMIGDIO MONZONAddress: _____
81 NW 34TH AVE
_____ 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 3/9/21

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 3/9/21

Date