

P21000025055

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
STACKS SOLUTIONS CORP**

Certificate of Status	0
Certified Copy	0
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21 MAR 22 PM 3:53
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2021 MAR 22 PM 2:17
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATIONS
COMMERCIAL
SERVICES

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: STACKS SOLUTIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4000 Towerside Terrace # 1104Miami FL 33138**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALBERTO F BLOISE - P

Name and Title: _____

Address 4000 Towerside Terrace # 1104

Address: _____

Miami FL 33138Name and Title: MARIA A TEMPERINI - VP

Name and Title: _____

Address 4000 Towerside Terrace # 1104

Address: _____

Miami FL 33138Name and Title: GABRIELA M PISTO - S

Name and Title: _____

Address 4000 Towerside Terrace # 1104

Address: _____

Miami FL 33138SECRETARY OF STATE
ALABAMA, FLORIDA

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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: ALBERTO F BLOISEAddress: 4000 Towerside Terrace # 1104Miami FL 33138**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ALBERTO F BLOISEAddress: 4000 Towerside Terrace # 1104Miami FL 33138**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

03/16/2021

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

03/16/2021

Date

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TALLAHASSEE, FLORIDA