Division of Corporations

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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 annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION PENINSULA DISTRIBUTING CORP

Certificate of Status	1
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MAR 2 6 2021

T. SCOTT

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COVER LETTER

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

SUBJECT: PE	NINSU	LA DISTRIBUTING CORP	RATE NAME – MUST INCL	TINE CHEETY)
		(PROPOSED CORPOR	CATE NAME - MOST INCL	<u>obe gorrax</u>)
Enclosed are an	origir	nal and one (1) copy of the a	urticles of incorporation and	d a check for:
S70. Filing F		■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	Status \$87.50 Filing Fee, Certified Copy & Certificate o
			ADDITIONAL CO	
FROM			me (Printed or typed)	-
	18201	N CORPORATE LAKES BLVE	Address	
	WEST	FON, FI. 33326	y, State & Zip	
			y, State & Zip	
	954 38	84 8565 Daytime	Telephone number	
	DIEG	O@EFLATINACCOUNTING.	СОМ	
		E-mail address: (to be us	sed for future annual report	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)

20 N CORPORATE L	I <u>PAL OFFIÇE</u>				
	Principal street address	Mailing address, if different is: 1820 N CORPORATE LAKES BLVD			
ITE 109	120 N CORPORATE LAKES BLVD		SUITE 109		
ESTON, FL 33326		WESTON, FL 33326			
RTICLE III PURPO te purpose for which th	SE ne corporation is organized is: All Lawfull	Purposes			
		· —			
					
		 -			
RTICLE IV SHARE unumber of shares of s	L OFFICERS AND/OR DIRECTORS	<u>-</u>			
Name and Title:	JOSE GABRIEL SILVEIRA - DIR	_ Name and Title	PEDRO PABLO SILVEIRA -DIR		
Address	1820 N CORPORATE LAKES BLVD	Address:	1820 N CORPORATE LAKES BLVD		
	SUITE 109	_	SUITE 109		
	WESTON, FL 33326	_	WESTON, FL 33326		
		None l Title			
Name and Title:					
Address		_ Address:	- 22		
		_	TAIL T		
		_	77 <u>1</u>		
			1.25 1.25		
			UIT, G		
Name and Title:		_ Name and Title			
Name and Title:			· • • • • • • • • • • • • • • • • • • •		

Name an	d Title:	Name and Title:
Address		Address:
•		
ARTICLE VI The name and F	<u>REGISTERED AGENT</u> Igrida street <u>address</u> (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	E&F LATIN GROUP LLC	_
Address:	1820 N CORPORATE LAKES BLVD	_
Aduless.	SUITE 109, WESTUN, FL 33326	_
		_
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	DIEGO FIGUEROA	**
Address:	1820 N CORPORATE LAKES BLVD	
	SUITE 109, WESTON, FL 33326	_
Effective data if	other than the date of filing: 03/23/2021	(OPTIONAL)
(if an effective of	late is listed, the date must be specific and canno	of he more than five days prior or 90 days after the
filing.)		
Mote: If the date the document's e	inserted in this block does not most the approxime ffective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
	the second secon	is for the above stated corporation at the place designated i
Having been nat this certificate, I	med an registered agent to accept service of process am familiar with and accept the appointment as reg	gistered agent and agree to act in this capacity
V	vollo Ralerou	3/10/2021
	Required Signature/Registered Agent	Date
I submit this document to the	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	: true. I am aware that the false information submitted in ny as provided for in s.817.155, F.S.
<i>.</i> \	Loolo Frajorni.	3/10/2021
Requ	red Signature/incorporator	Date

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h 25, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

F LATIN GROUP LLC

ECT: PENINSULA DISTRIBUTING CORP

W21000039694

sceived your electronically transmitted document. However, the nent has not been filed. Please make the following corrections and the complete document, including the electronic filing cover sheet.

have submitted the document and fees to form a Florida limited .lity company; however, your name implies you wish to form a ration. The name of a limited liability company cannot contain a rate suffix. Corp., Corporation, Company, Co., Incorporated, and are all corporate suffixes. The name of a limited liability company contain the words "Limited Liability Company," the abbreviation C.," or the designation "LLC.'

e correct the suffix or, if you wish to form a corporation, submit les of Incorporation. Any fees previously submitted with your ed liability company filing will be applied to your corporate filing.

a return the corrected original and one copy of your document, along a copy of this letter, within 60 days or your filing will be dered abandoned.

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

a S Dennis atory Specialist II Lling Section FAX Aud. #: E21000117581 Letter Number: 721A00006238