

P21000029086

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000128830 3)))



H210001288303ABCZ

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

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

2021 MAR 31 AM 11:17
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2021 MAR 31 AM 10:55
RECEIVED
CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
JOIN CONSULTING CORP**

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

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH

APR - 1 2021

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: JOIN CONSULTING CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
4000 TOWERSIDE TER APT 1104
MIAMI, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES2021 MAR 31 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JAVIER DE MAURI-PName and Title: YANINA MUTTILLO-VPAddress LLERENA 2803, APT 3
CABA ARGENTINAAddress: LLERENA 2803, APT 3
CABA ARGENTINAName and Title: NACI PEREZ GUERRERO-SEC

Name and Title: _____

Address 4000 TOWERSIDE TER APT 1707
MIAMI, FL 33138

Address: _____

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: Nanci Perez Guerrero
Address: 4000 TOWERSIDE TER APT 1707
MIAMI, FL 33138

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Nanci Perez Guerrero
Address: 4000 TOWERSIDE TER APT 1707
MIAMI, FL 33138

FILED
2021 MAR 31 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

03/30/21

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

03/30/21

Date