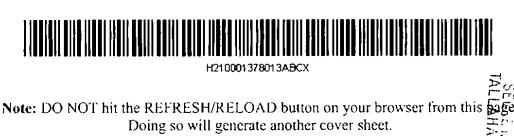
Division of Corporations Electronic Filing Cover Sheet

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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

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FLORIDA PROFIT/NON PROFIT CORPORATION IKE MONTANA MIAMI INC

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Electronic Filing Menu

Corporate Filing Menu

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T. EURCH APR - 8 2021 To:

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

he name of the corporat	 	·		
<u> RTICLE II PRINC</u>	IPAL OFFICE Principal street address		Mailing address, if different is:	
1000 TOWERSIDE TER				
MIAMI, FL 33138				
ARTICLE III PURPO	NSE ne corporation is organized is:			
• •	•		 	
ANY AND ALL LAW	FUL PURPOSES		<u> </u>	
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· · · · · · · · · · · · · · · · · · ·				
	L OFFICERS AND/OR DIRECTORS ENRRIQUE J GALLEGO-P	Name and Title	LUCIANA M COLLADO-VP	
	4000 TOWERSIDE TER APT 1707		4000 TOWERSIDE TER APT 1707	
Address	MIAMI, FL 33138	Address:	MIAMI, FL 33138	
		_		
Name and Title:	NACI PEREZ GUERRERO-SEC	Name and Title	:	
Address	4000 TOWERSIDE TED ART 1707	Address:		
	MIAMI, FL 33138			
		-		
Name and Title:		Name and Title		
Address	<u> </u>	Address:		
				
		_		

Name and Title:		Name and Title:			
Address					
	-				
			_		
	<u> </u>				
_	REGINTERED AGENT lorida street address (P.O. Box NOT acceptal	ble) of the registered agent is:			
Name:	NANCI PEREZ GUERRERO	7 €			
Address:	4000 TOWERSIDE TER APT 1707	ZI AF	. 1		
,	MIAMI, FL 33138	APR - 7 CRETANT - AHASSEE	 		
		110	: 7		
ARTICLE VII INCORPORATOR		PM 7: 09	7		
The name and a	ddress of the Incorporator is:	ATE PRID			
Name:	NANCI PEREZ GUERRERO	A	Ç		
Address:	4000 TOWERSIDE TER APT 1707				
	MIAMI, FL 33138	<u></u>			
ADTIV'LE WIII	PEPECTUR DATE.				
	EFFECTIVE DATE: other than the date of filing:	. (OPTIONAL)			
		cannot be more than five days prior or 90 days after the			
	e inserted in this block does not meet the apple effective date on the Department of State's rec	icable statutory filing requirements, this date will not be listed cords.	as		
		ocess for the above stated corporation at the place designated in	this		
certificate, I am j	familiar with and accept the appointment as re	egistered agent and agree to act in this capacity			
X		<u> </u>			
	Required Signature/Registered Agen	it Date	_		
		in are true. I am aware that the false information submitted in	in a		
	Department of State constitutes a third degree				
Χ		x 04 [05 [2]			
Required Signati	urc/Incorperator	Date	_		

Fax: (850) 617-6381

Page: 3 of 3 04/07/2021 8:37 AM

From: Robert Fanjul

Fax: 18775036086 To: