

Division of Corporations

P21000066097

Florida Department of State
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

****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
EVENTS CPA CORP**

Certificate of Status	0
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JUL 20 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: EVENTS CPA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address13028 SW 120TH ST SUITE 5MIAMI, FL 33186

Mailing address, if different is:

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: CLAUDIA P ARIAS-PName and Title: SANTIAGO MUNOS ARIAS-VPAddress 13028 SW 120TH ST SUITE 5Address: 13028 SW 120TH ST SUITE 5MIAMI, FL 33186MIAMI, FL 33186

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CLAUDIA P ARIAS
Address: 13028 SW 120TH ST SUITE 5
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CLAUDIA P ARIAS
Address: 13028 SW 120TH ST SUITE 5
MIAMI, FL 33186

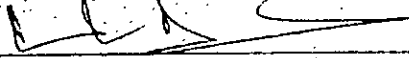
ARTICLE VIII EFFECTIVE DATE:

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 07/14/21
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 07/14/21
Date