

Division of Corporations

P210007236

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.

((H21000303951 3))



H210003039513ABCY

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

R. Fanjul

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 12 PM 9: 19

FILED

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
CONSTRUCCIONES V&Z CORP

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

2021 AUG 12 AM 10: 05

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: CONSTRUCCIONES V&Z CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

24 SW 65TH AVE
MIAMI, FL 33144

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: VICTOR J CONTRERAS-P

Address: 24 SW 65TH AVE
MIAMI, FL 33144

Name and Title: ZORAIDA J VERA BRACHO-VA

Address: 24 SW 65TH AVE
MIAMI, FL 33144

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2021 AUG 12 PM 9:19
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: VICTOR J CONTRERAS
 Address: 24 SW 65TH AVE
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR J CONTRERAS
 Address: 24 SW 65TH AVE
MIAMI, FL 33144

FILED
 2021 AUG 12 PM 9:19
 SECRETARY OF STATE
 TALLAHASSEE, FL

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 08/11/2021
 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

X 08/11/2021
 Date