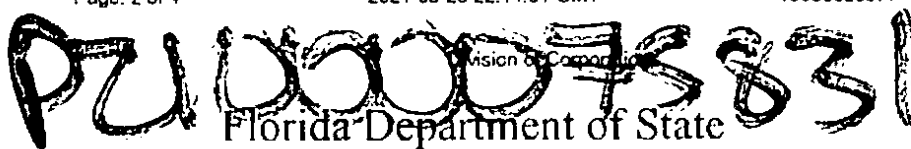


8/23/2021



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.

((H21000316502 3)))



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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 : ALEX PINA CO.
 Account Number : I20190000095
 Phone : (305)803-8471
 Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

2021 ... 08 PM 4:14

FLORIDA PROFIT/NON PROFIT CORPORATION
F&C 2021 Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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: F&C 2021 Corp

ARTICLE II PRINCIPAL OFFICE

16919 N Bay Rd Unit 114 Principal street address Mailing address, if different is:

Sunny Isles Beach, FL 33160 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Rosa C Resplandor De Hernandez - President</u>	Name and Title:	<u>Fernando A De Brito Agullera - Vicepresident</u>
Address	<u>16919 N Bay Rd Unit 114</u>	Address:	<u>16919 N Bay Rd Unit 114</u>
	<u>Sunny Isles Beach, FL 33160</u>		<u>Sunny Isles Beach, FL 33160</u>

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: Alex Pina Co.

Address: 8400 NW 36th St Ste 450

Doral, FL 33166

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Rosa C Resplandor De Hernandez

Address: 16919 N Bay Rd Unit 114

Sunny Isles Beach, FL 33160

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



08/23/2021

Required Signature/Registered Agent

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.



08/23/2021

Required Signature:Incorporator

Date