

**P21000083575**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (917)243-5843

**\*\*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**  
**EW LATORE CORP.**

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**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: EW LATORE CORP.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
11484 SUMTER GROVE CIRCLE #3107  
NAPLES, FL 34113

Mailing address, if different is:

11484 SUMTER GROVE CIRCLE #3107  
NAPLES, FL 34113**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: SPORTS CARDS & MEMORABILLA**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: OSCAR MAURICIO MENJIVAR, PRESIDENT

Name and Title: \_\_\_\_\_

Address 11484 SUMTER GROVE CIRCLE #3107

Address: \_\_\_\_\_

NAPLES, FL 34113

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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2021

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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.Address: 155 OFFICE PLAZA DRIVE, 1 ST FLOOR.TALLAHASSEE, FL 32301

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**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: STEPHAN MONEREAUAddress: 100 WALL STREET, STE 503NEW YORK, NY 10005**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*\_\_\_\_\_  
Required Signature/Registered Agent

09/21/2021

\_\_\_\_\_  
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.*\_\_\_\_\_  
Required Signature/Incorporator

09/21/2021

\_\_\_\_\_  
Date