

From: Robert Fanjul
9/28/21, 9:28 AM

Fax: 18775036086

To:

Fax: (850) 617-6381

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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
COMPUTER IT SUPPORT CORP**

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

2021 SEP 28 AM 9:47

2021 SEP 28 AM 8:15

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: COMPUTER IT SUPPORT CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

27636 SW 142TH AVEHOMESTEAD, FL 33032**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: JOSE A CARRION-P

Name and Title: _____

Address 27636 SW 142 AVE

Address: _____

HOMESTEAD, FL 33032

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 SEP 28 PM 8:13

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSE A CARRION _____

Address: 27636 SW 142 AVE _____

HOMESTEAD, FL 33032 _____

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: JOSE A CARRION _____

Address: 27636 SW 142 AVE _____

HOMESTEAD, FL 33032 _____

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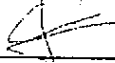
ARTICLE VIII EFFECTIVE DATE:

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 09/27/2021

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 09/27/2021

Date