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.

(((H21000371676 3)))



H210003716763ABC0

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 : (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 FRAVIC MIAMI CORP

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

OCT - 2021

Electronic Filing Menu Corporate Filing Menu

Help

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

TICLE II PRIN					
	CIPAL OFFICE Principal street address				
7 NW 173RD DR A	PT 101		Mailing address, if different is:		
MI, FL 33015					
<del></del>		· <del></del>			
TICLE III PURP	<u>QSE</u>				
purpose for which	the corporation is organized is:				
ANY AND ALL LAV	VFUL PURPOSES				
1844					
			i. Do		
			N3		
			<b>.</b> :		
			^ 1		
TICLE IV SHAL	DEC.		: CA		
number of shares o			· — ;		
TICLE V INIT	AL OFFICERS AND/OR DIRECTORS		· · · · · · · · · · · · · · · · · · ·		
			p 150		
Name and Tit	ile:	Name and Title:			
Address	6937 NW 173RD DRIVE APT 101				
Address					
Address	6937 NW 173RD DRIVE APT 101 MIAMI, FL 33015				
Address	MIAMI, FL 33015				
Address					
	MIAMI, FL 33015	Address:			
	MIAMI, FL 33015	Address:			
	MIAMI, FL 33015	Address:  Name and Title:			
Name and Titl	MIAMI, FL 33015	Address:  Name and Title:			
Name and Titl	MIAMI, FL 33015	Address: Name and Title: Address:			
Name and Titl	MIAMI. FL 33015	Address: Name and Title: Address:			
Name and Titl	MIAMI. FL 33015	Address: Name and Title: Address:			
Name and Titl Address	MIAMI, FL 33015	Address: Name and Title: Address:			
Name and Titl Address	MIAMI. FL 33015	Address: Name and Title: Address:			
Name and Titl Address	MIAMI. FL 33015	Address:  Name and Title:  Address:  Name and Title:			
Name and Title Address  Name and Title	MIAMI, FL 33015	Address:  Name and Title:  Address:  Name and Title:			
Name and Title Address  Name and Title	MIAMI. FL 33015	Address:  Name and Title:  Address:  Name and Title:  Address:			

Name and Title:		Name and Title:		
Address		Address:		
•				
ARTICLE VI REC	GISTERED AGENT			
The name and Florid	la street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	JAVIER A TORREALBA GONZALEZ			
Address:	6937 NW 173RD DRIVE APT 101			
	MIAMI, FL 33015	<del>_</del> -	2 <b>2</b> 21 0C i	
ARTICLE VII <u>IN</u> O	TARRAR ATTAR		- <u>-</u>	
AKTICLE VII INC	ORFORATOR		-· · · · · ·	
The <u>name and addre</u>	ess of the Incorporator is:		<del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> -	
Name:	JAVIER A TORREALBA GONZALEZ		· · · · · · · · · · · · · · · · · · ·	
Address:	6937 NW 173RD DRIVE	_		
	MIAMI, FL 33015			
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	FFECTIVE DATE: or than the date of filing: is listed, the date must be specific and can	. (OPTIONAL) not be more than five days pric	or or 90 days after the	
Note: If the date inso the document's effect	erted in this block does not meet the applicab tive date on the Department of State's record	ole statutory filing requirements, ls.	this date will not be listed as	
Having been named of certificate, I gm fami	as registered agent to accept service of process lliar, with and accept the appointment as regist	s for the above stated corporation tered agent and agree to act in the	at the place designated in this is capacity	
x-/11-	Fun		X 07/21/1021	
-/-	Required Signature/Registered Agent		Date	
I submit this docume document to the Dept	ent and affirm that the facts stated herein a artment of State constitutes a third degree felo	re true. I am aware that the fals ony as provided for in s.817.155,	e information submitted in a F.S.	
× Pento	<i>A</i>		1505/12/160 X	
Required Signature!	hcorporator	Date		