

From: Robert Fanjul
1/6/22, 8:35 AM

Fax: 18775036086

P22000001160

To:

Fax: (350) 617-6381

Page: 1 of 3

01/06/2022 8:39 AM

Division of Corporations

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.

(((H22000007056 3)))



H220000070563ABCW

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JAN -6 AM 10:15

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

Email Address: _____

RECEIVED

2022 JAN -6 AM 9:08

FLORIDA PROFIT/NON PROFIT CORPORATION
OLAB SERVICES CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS
JAN 07 2022

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: OLAB SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14545 SW 173 RD ST
MIAMI, FL 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES

STATE OF FLORIDA
DIVISION OF CORPORATIONS
22 JAN - 6 AM 10:15

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CESAR ANTONIO OJEDA LINARES-P

Name and Title: DANIELA DE LURDES ALVAREZ BRAIDY-VP

Address: 14545 SW 173 RD ST
MIAMI, FL 33177

Address: 14545 SW 173RD ST
MIAMI, FL 33177

Name and Title: PATRICIA CAROLINA OJEDA ALVAREZ-SEC

Name and Title: FERNANDO ALBERTO OJEDA ALVAREZ-TREAS

Address: 14545 SW 173RD ST
MIAMI, FL 33177

Address: 14545 SW 173RD ST
MIAMI, FL 33177

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: CESAR ANTONIO OJEDA LINARES
 Address: 14545 SW 173 RD ST
MIAMI, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CESAR ANTONIO OJEDA LINARES
 Address: 14545 SW 173 RD ST
MIAMI, FL 33177

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 in 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 _____ 11/11/2021
 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.

X _____ 11/11/2021
 Required Signature/Incorporator Date