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 : E & F LATIN GROUP LLC

Account Number : 120160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

FLORIDA PROFIT/NON PROFIT CORPORATION CHILCO INVESTMENS CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75



COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: CHILCO	INVESTMENS CORP		
SUBJECT.	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
	F LATIN GROUP LLC Nam ON CORPORATE LAKES BLVD	e (Printed or typed)	
1620		Address	
<u>we</u> :	STON, FL 33326 City	, State & Zip	
954	384 8565	Celephone number	
	Daytime	і еїернопе питост	
DIE	GO(GEFLATINACCOUNTING.CO		
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ICLE I NAME	tion shall be:	ORP 	
SOUTH OCEAN	Principal street address	1950 SOI	Mailing address, if different is: JTH OCEAN DR
T #4D		UNIT #4	D
LANDALE BEAC	CH, FL 33009	HALLA	NDALE BEACH, FL 33009
ICLE [II PURP) purpose for which t	<u>OSE</u> he corporation is organized is: All Lawful	l Purposos	
ICLEU/ FILID	FG		
	stock is: 1000 L OFFICERS AND/OR DIRECTORS		
number of shares of	Stock is: 1000 IL OFFICERS AND/OR DIRECTORS ENRIQUE A. SCHOTT GEBLER - P 1950 SOUTH OCEAN DR UNIT #AD	Name and Title:	
Name and Title	Stock is: 1000 IL OFFICERS AND/OR DIRECTORS ENRIQUE A. SCHOTT GEBLER - P	Name and Title:	
Name and Title Address	Stock is: 1000 IL OFFICERS AND/OR DIRECTORS ENRIQUE A. SCHOTT GEBLER - P 1950 SOUTH OCEAN DR UNIT #4D	Name and Title: Address: 	
Name and Title Address	Stock is: 1000 IL OFFICERS AND/OR DIRECTORS ENRIQUE A. SCHOTT GEBLER - P 1950 SOUTH OCEAN DR UNIT #4D HALLANDALE BEACH, FL 33009	Name and Title: Address: Name and Title:	
Name and Title:	Stock is: 1000 IL OFFICERS AND/OR DIRECTORS ENRIQUE A. SCHOTT GEBLER - P 1950 SOUTH OCEAN DR UNIT #4D HALLANDALE BEACH, FL 33009	Name and Title: Address: Name and Title:	
Name and Title: Name and Title: Address	Stock is: 1000 IL OFFICERS AND/OR DIRECTORS ENRIQUE A. SCHOTT GEBLER - P 1950 SOUTH OCEAN DR UNIT #4D HALLANDALE BEACH, FL 33009	Name and Title: Address: Name and Title: Address:	
Name and Title: Name and Title: Address	Stock is: 1000 IL OFFICERS AND/OR DIRECTORS ENRIQUE A. SCHOTT GEBLER - P 1950 SOUTH OCEAN DR UNIT #4D HALLANDALE BEACH, FL 33009	Name and Title: Address: Name and Title: Address: Name and Title:	

Name and	Title:	Name and Title:
Address		Address:
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable)	of the registered agent is:
	E&F LATTN GROUP LLC	5
Address:	1820 N CORPORATE LAKES BLVD	_
:	SUITE 109, WESTON, FL 33326	_
ARTICLE VII IN	<u> CORPORATOR</u>	
The name and add	ress of the Incorporator is:	
Name:	DIEGO FIGUEROA	_
Address:	1820 N CORPORATE LAKES BLVD	_
	SUITE 109, WESTON, F1. 33326	_
Effective date, if ot	FFECTIVE DATE: ther than the date of filing: e is listed, the date must be specific and cannot be specific and c	. (OPTIONAL) of be more than five days prior or 90 days after the
	serted in this block does not meet the applicable ctive date on the Department of State's records.	statutory filing requirements, this date will not be listed as
this certificate, I am	d an registered agent to accept service of process familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	Hear Francia	02/11/2022
	Required Signature/Registered Agent	Date
I submit this docum document to the Dej	vent and affirm that the facts stated herein are partment of State constitutes a third degree felot	true. I am aware that the false information submitted in a ty ax provided for in s.817.155, F.S.
•	Diego Harreron	02/11/2022
Required	Signature/incorporator	Date