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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 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 NALCA RIVER CORP

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JECT:	RIVER CORP (PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
osed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	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
		ADDITIONAL CO	Status PPY REQUIRED
	F LATIN GROUP LLC Num  O N CORPORATE LAKES BLVD	e (Printed or typed)	
	Nam	e (Printed or typed)	
182	Nam	e (Printed or typed) SUITE 109	
182	Nam O N CORPORATE LAKES BLVD STON, FL 33326	e (Printed or typed) SUITE 109	
182 WE	Nam O N CORPORATE LAKES BLVD STON, FL 33326	e (Printed or typed) SUITE 109 Address	

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

E-mail address: (to be used for future annual report notification)

## ARTICLES OF INCORPORATION

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

RTICLE II PRIN	CIPAL OFFICE		
	Principal street address		Mailing address, if different is:
65 EXECUTIVE PA	ARK DR SUITE 2		ECUTIVE PARK DR SUITE 2
ESTON FL 33331		WESTO	N FL 33331
RTICLE III PURF ne purpose for which	the corporation is organized is: All Lawfull	Purposes	
	<u> </u>		13
			• • • • • • • • • • • • • • • • • • • •
RTICLE IV SHAI	<u>VES</u> f stock is: 1000		1.7
RTICLE IV SHAI	<u>VES</u> f stock is: 1000		1. T.
	LES f stock is: 1000 AL OFFICERS AND/OR DIRECTORS		·:)
TIÇLE V INITI	AL OFFICERS AND/OR DIRECTORS	Name and Title	MAY C SCHILLING FEUDADI VO
TIÇLE V INITI		Name and Title	MAY C SCHILLING FEUDADI VO
Name and Tit	AL OFFICERS AND/OR DIRECTORS le: PATRICIA I. ARRIETA REX - P		MAX C. SCHILLING FERRARI - VÉ
Name and Tit	AL OFFICERS AND/OR DIRECTORS  10: PATRICIA I. ARRIETA REX - P  2665 EXECUTIVE PARK DR SUITE 2		MAX C. SCHILLING FERRARI - VP.  2665 EXECUTIVE PARK DR SUITE:
Name and Tit Address	AL OFFICERS AND/OR DIRECTORS  PATRICIA I. ARRIETA REX - P  2665 EXECUTIVE PARK DR SUITE 2  WESTON FL 33331	_ Address: -	MAX C. SCHILLING FERRARI - VB.  2665 EXECUTIVE PARK DR SUITE:  WESTON FL 33331
Name and Tit Address	AL OFFICERS AND/OR DIRECTORS  PATRICIA I. ARRIETA REX - P  2665 EXECUTIVE PARK DR SUITE 2  WESTON FL 33331	_ Address: Name and Title	MAX C. SCHILLING FERRARI - VB.  2665 EXECUTIVE PARK DR SUITE:  WESTON FL 33331
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Name and Tite  Address  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  PATRICIA I. ARRIETA REX - P  2665 EXECUTIVE PARK DR SUITE 2  WESTON FL 33331	_ Address: Name and Title _ Address: -	MAX C. SCHILLING FERRARI - VP.  2665 EXECUTIVE PARK DR SUITE:  WESTON FL 33331
Name and Tite  Address  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  PATRICIA I. ARRIETA REX - P  2665 EXECUTIVE PARK DR SUITE 2  WESTON FL 33331	_ Address: _ Name and Title _ Address: _	MAX C. SCHILLING FERRARI - VP.  2665 EXECUTIVE PARK DR SUITE:  WESTON FL 33331

Name a	and Title:	Name and Title:
Addre	ss	Address:
	<del>-</del>	
ARTICLE VI	REGISTERED AGENT	
the <u>name and</u>	Florida street address (P.O. Box NOT acceptable)  E&F LATIN GROUP LLC	of the registered agent is:
Name:		_
Address:	1820 N CORPORATE LAKES BLVD	_
	SUITE 109, WESTON, FL 33326	<del></del>
ARTICLE VII	INCORPORATOR	∕2 F≂
The name and s	address of the Incorporator is:	<i>i.</i> 1
Name:	DIEGO FIGUEROA	
Address:	1820 N CORPORATE LAKES BLVD	
	SUITE 109, WESTON, FL 33326	 သ —
Effective date, i (If an effective filing.)  Note: If the dat		of be more than five days prior or 90 days after the estatutory filing requirements, this date will not be listed;
Having been na	·	s for the above stated corporation at the place designated
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the false information submitted in my as provided for in x.817.155, F.S.
		02/16/2022
Requ	ifred Signature/Incorporator	Date