

From: Robert Fanjul
2/22/22, 9:16 AM

Fax: 18775035086

To:

Fax: (850) 617-6381

Page: 1 of 3

02/22/2022 9:19 AM

Division of Corporations

P22000013533

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

22 FEB 22 AM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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
YOXNICHOLLS CORP

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

2022 FEB 22 PM 12:40

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Corporate Filing Menu

Help S. CHATHAM

FEB 23 2022

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

FILED**ARTICLE I NAME**The name of the corporation shall be: YOXNICHOLLS CORP

22 FEB 22 AM 6:19

ARTICLE II PRINCIPAL OFFICEPrincipal street address561 NW 6TH ST APT 304MIAMI, FL 33136Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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: YOXADE REINA NICHOLLS FIGUEROA-P

Name and Title: _____

Address: 561 NW 6TH ST APT 304

Address: _____

MIAMI, FL 33136

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: YOXADE REINA NICHOLLS FIGUEROA
Address: 561 NW 36TH ST APT 304
MIAMI, FL 33136

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: YOXADE REINA NICHOLLS FIGUEROA
Address: 561 NW 36TH ST APT 304
MIAMI, FL 33136

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22 FEB 22 AM 6:20
SECRETARY OF STATE
TALLAHASSEE, FL 32310-0001

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 Yoxade Nicholls 02/21/2022
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 Yoxade Nicholls 02/21/2022
Required Signature/Incorporator Date