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Division of Corporations

Fax Number : (850)617-6381

From:

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Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080

Phone : (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:	
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## FLORIDA PROFIT/NON PROFIT CORPORATION **CANADA PRIDE CORP**

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

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

ARTICLE I NAME	ion shall be: CANADA PRIDE CORP		
ne hante of the corporat	ion stant oc.		
ARTICLE II PRINCIPAL OFFICE		N # - 11 = -	and a result of at experience A feet
	Principal <u>street</u> address <u>F 306</u>	Mailing	g address, if different is:
IIAMI, FL 33176			
RTICLE III PURPO	OSE .		
he purpose for which th	ne corporation is organized is:		
ANY AND ALL LAW			
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		· <del></del>	
RTICLE IV SHAR	F C		
	stock is: 1000		
ADTICLE IZ DUTL	I OFFICERS AIRMS SINCEONS		
	L OFFICERS AND/OR DIRECTORS		
Name and Title	MARCOS MANUEL NOVOA CHIJONA-P	Name and Title:	
Address	10170 SW 88TH ST APT 306	Addr <del>e</del> ss:	
	MIAMI, FL 33176		
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35 19513			
Name and Title:		Name and Title:	· · · · · · · · · · · · · · · · · · ·
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Address		Address:	
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From: Robert Fanjul Fax: 18775035086

To:

Fax: (850) 617-6381

Page: 3 of 3 03/07/2022 8:25 AM

Name an	3 Title:	Name and Title:	<del></del>
Address		Address:	
	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	MARCOS MANUEL NOVOA CHIJONA		
Address:	10170 SW 88TH ST APT 306		
	M!AMI, FL 33176	•	
		•	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	MARCOS MANUEL NOVOA CHIJONA		
Address:	10170 SW 88TH ST APT 306		
	MIAMI, FL 33176		
Effective date, if (If an effective d filing.)  Note: If the date	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and canno inserted in this block does not meet the applicable Tective date on the Department of State's records.	t be more than five days prior	•
	ed as registered agent to accept service of process for amiliar with and accept the appointment as register		
-16	Required Signature/Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felong	true. I am aware that the faise v as provided for in s.817.155, F	information submitted in a
X The			02/24/2022
Required Signatu	re/Incorporator	Date	2022 H
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