

P22000032441

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.

((H22000152106 3)))



H220001521063ABCT

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 : 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.****

Email Address: OFFICE@EFLATINACCOUNTING.COM

FLORIDA PROFIT/NON PROFIT CORPORATION ANKAMI CORP

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

RECEIVED

2022 APR 29 AM 11:34

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
OFFICE OF COMMERCIAL SERVICES

2022 APR 29 PM 1:37

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

25

850-617-6381

4/28/2022 10:13:01 AM PAGE 1/001 Fax Server



April 28, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E & F LATIN GROUP LLC

SUBJECT: ANKAMI CORP
REF: W22000055609

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document number of the name conflict is N21000011502.

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6052.

Coates Brianna
Regulatory Specialists II
New Filings Section

FAX Aud. #: H22000152106
Letter Number: 222A00009873

RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

2022 APR 29 PM 1:37

FILED



April 28, 2022

Florida Department of State
Division of Corporations
New Filing Section

We respectfully address you to inform that previously we tried to convert **Ankami Corp** from NON-PROFIT to a PROFIT CORPORATION. As it was not allowed we filled a dissolution and we are opening a profit corporation with the same name. 4/27

We are receiving a notice requesting to re fax information as it was illegible. Reference number of the name N21000011502.

Please find enclosed the requested information

If you have any questions, please feel free to contact me.

Incorporator

Diego Figueroa

FILED
2022 APR 29 PM 1:37
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: ANKAMI CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED

FROM: E&F LATIN GROUP LLC

Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON, FL 33326

City, State & Zip

954 384 8565

Daytime Telephone number

DIEGO@EFLATINACCOUNTING.COM

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

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

2022 APR 29 PM 1:37

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ANKAMI CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address2000 METROPICA WAYAPT 1504SUNRISE FL 33323

Mailing address, if different is:

2000 METROPICA WAYPT 1504SUNRISE FL 33323**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All Lawfull Purposes**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROBERTO CLAVIJO - P

Name and Title: _____

Address: 2000 METROPICA WAY UNIT 1504

Address: _____

SUNRISE FL 33323

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
TALLAHASSEE, FL

2022 APR 29 PM 1:37

FILED

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: E&F LATIN GROUP LLC

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: DIEGO FIGUEROA

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

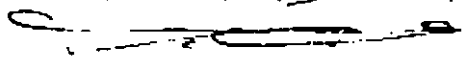
ARTICLE VIII EFFECTIVE DATE:

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

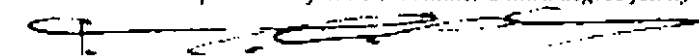


 Required Signature/Registered Agent

04/27/2022

 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.



 Required Signature/Incorporator

04/27/2022

 Date

FILED
 2022 APR 29 PM 1:37
 ALACHUA COUNTY, FL
 CLERK