

5/16/22, 10:49 AM

Division of Corporations

Florida Department of State  
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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

\*\*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  
AGAPE COMPANY USA CORP

Certificate of Status	0
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T. SCOTT

Help

MAY 19 2022



May 17, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FANJUL ENTERPRISES LLC

SUBJECT: AGAPE COMPNY USA CORP  
REF: W22000063396

**The Registered Agent did sign the form. That is his signature, does he need to spell his name as well. Please let us know. Thank you**

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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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

Karen Lovelace  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H22000173713  
Letter Number: 222A00011206

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: AGAPE COMPANY USA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5221 NW 33RD AVEFORT LAUDERDALE, FL 33309**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: OMAR RAFAEL SILVA JAUREGUI-P

Name and Title: \_\_\_\_\_

Address

5221 NW 33RD AVE

Address: \_\_\_\_\_

FORT LAUDERDALE, FL 33309

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: OMAR RAFAEL SILVA JAUREGUIAddress: 5221 NW 33RD AVEFORT LAUDERDALE, FL 33309**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: OMAR RAFAEL SILVA JAUREGUIAddress: 5221 NW 33RD AVEFORT LAUDERDALE, FL 33309**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

Omar Silva

Required Signature/Registered Agent

05/06/2022

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.*

X

Omar Silva

Required Signature/Incorporator

05/06/2022

Date