

From: Robert Fanjul
6/9/22, 11:41 AM

Fax: 18775036086

Fax: (850) 617-6381

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06/09/2022 11:43 AM

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Florida Department of State
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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.****

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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
PUERTO PADRE WINDOWS MIAMI CORP

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PUERTO PADRE WINDOWS MIAMI CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

21327 SW 123 PLMIAMI, FL 33177**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: ARMANDO GONZALEZ-P

Name and Title: _____

Address 21327 SW 123 PL

Address: _____

MIAMI, FL 33177

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA


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: ARMANDO GONZALEZAddress: 21327 SW 123 PLMIAMI, FL 33177**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: ARMANDO GONZALEZAddress: 21327 SW 123 PLMIAMI, FL 33177FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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 
Required Signature/Registered Agent06/09/2022
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 
Required Signature/Incorporator06/09/2022
Date