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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000849 : (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.

FLORIDA PROFIT/NON PROFIT CORPORATION **INVERSIONES KZ CORP**

Certificate of Status	1
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COVER LETTER

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

SUBJECT: INVERS	IONES KZ CORP			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: E&	F LATIN GROUP LLC	e (Printed or typed)		
182	N CORPORATE LAKES BLVD			
		Address		
WE	STON, FL 33326			
	City, State & Zip			
954	384 8565			
	Daytime	l'elephone number		
DIE	GO@EFLATINACCOUNTING.C			
	E-mail address: (to be use	ed for future annual report i	notification)	

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

ARTICLES OF INCORPORATION

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

<u>ICLE II PRINC</u>	IPAL OF FICE			
SE 27 TER	Principal street address	1 240	Mailing address, if different is:	
MESTEAD, FL 330	935		MESTEAD, FL 33035	
				_
ICLE III PURPO purpose for which t	OSE the corporation is organized is: All L	awfull Purposes		_
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NOTE IV. CILAR	re		A DIL	
TICLE IV SHAR	<u>ES</u> stock is: 1000		ATC. JRIDI	ŗ
TICLE IV SHAR number of shares of	ES stock is: 1000		ATC. JRIDI	S
number of shares of	stock is: 1000 AL OFFICERS AND/OR DIRECTO	<u></u>	ATC.	Į.
number of shares of	stock is: 1000 AL OFFICERS AND/OR DIRECTO		Title:	•
number of shares of	Stock is: 1000 AL OFFICERS AND/OR DIRECTO CARLOS ZAROR - P E: 1849 SE 27 TER		Title:	•
Name and Titl	Stock is: 1000 AL OFFICERS AND/OR DIRECTO CARLOS ZAROR - P E: 1849 SE 27 TER	Name and	Title:	•
Name and Titl	AL OFFICERS AND/OR DIRECTO CARLOS ZAROR - P 1849 SE 27 TER	Name and	Title:	•
Name and Titl Address	AL OFFICERS AND/OR DIRECTO CARLOS ZAROR - P 1849 SE 27 TER HOMESTEAD, FL 33035	Name and Address:		•
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTO CARLOS ZAROR - P 1849 SE 27 TER HOMESTEAD, FL 33035	Name and Address: Name and Name and Name and		•
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Name and Title Address Address	AL OFFICERS AND/OR DIRECTO CARLOS ZAROR - P 1849 SE 27 TER HOMESTEAD, FL 33035	Name and Address: Name and Address: Name and Name and	Title:	

Name a	nd Title:	Name and Title:
Addres	3s	_ Address:
	REGISTERED AGENT 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	20 22
	SUITE 109, WESTON, FL 33326	JUN TI
<u>ARTICLE VII</u>	INCORPORATOR	TALLAMASSEE. FLORID
The name and	address of the Incorporator is:	AK 12: 4
Name:	E&F LATIN GROUP LLC	
Address:	1820 N CORPORATE LAKES BLVD	∵ _
	SUITE 109, WESTON, FL 33326	_
Effective date, i (If an effective filing.)	·	. (OPTIONAL) of be more than five days prior or 90 days after the
	effective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
	amed as registered agent to accept service of proce. I am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
<u></u>		06/13/2022
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felo	e true. I am aware that the faise information submitted in a ny as provided for in s.817.155, F.S.
<u> </u>		06/13/2022
	uired Signature/Incorporator	Date