

# P22000051026

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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 HOMEFUSION GROUP INC

Certificate of Status	1
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FLORIDA  
DIVISION OF  
CORPORATIONS

2022 JUN 22 PM 2:05

DS

**COVER LETTER**

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

**SUBJECT:** HOMEFUSION GROUP INC

**(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)

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**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)

**ARTICLE I NAME**The name of the corporation shall be: HOMEFUSION GROUP INC**ARTICLE II PRINCIPAL OFFICE**Principal street address  
1820 N CORPORATE LAKES BLVDSUITE 109WESTON, FL 33326Mailing address, if different is:  
1820 N CORPORATE LAKES BLVDSUITE 109WESTON, FL 33326**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All Lawful Purposes**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JUAN SIMON ESTRADA - DAddress: 1820 N CORPORATE LAKES BLVDSUITE 109WESTON, FL 33326Name and Title: LUIS CARLOS ESTRADA - DAddress: 1820 N CORPORATE LAKES BLVDSUITE 109WESTON, FL 33326Name and Title: JORGE IVAN JARAMILLO - DAddress: 1820 N CORPORATE LAKES BLVDSUITE 109WESTON FL 33326

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

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

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

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

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

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

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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: E&F LATIN GROUP LLC

Address: 1820 N CORPORATE LAKES BLVD  
SUITE 109, WESTON, FL 33326

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: DIEGO FIGUEROA

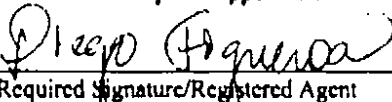
Address: 1820 N CORPORATE LAKES BLVD  
SUITE 109, WESTON, FL 33326

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/21/2022 (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.

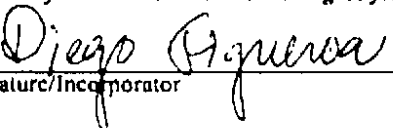
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 Required Signature/Registered Agent

06/21/2022

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

6/21/2022

Date

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