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.

FLORIDA PROFIT/NON PROFIT CORPORATION ALMENDRALES DEL SUR CORP

Certificate of Status	1
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Help

COVER LETTER

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

SUBJECT: ALMI	ENDRALES DEL SUR CORP		
Solder	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	— · · · · · ·	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status \$87.50 Filing Fee, Certified Copy & Certificate of: Status PY REQUIRED
FROM: <u>E</u>	&F LATIN GROUP LLC	(Dulmas d on mar N	
18	20 N CORPORATE LAKES BLVD !	e (Printed or typed) SUITE 109 Address	
<u>w</u>	ESTON, FL 33326		
	City,	State & Zip	
95	4 384 8565 Daytime T	elephone number	
<u>DI</u>	EGO@EFLATINACCOUNTING.CO		orification)
	2-mail addiess. (10 00 dsc	a tot tatare annual report i	iourication)

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)

SUITE 2 WESTON FL 33326 CLE IV PURPOSE upose for which the corporation is organized is: All Lawfull Purposes CLE IV SHARES umber of shares of stock is: 1000 CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: OSCAR GUILLERMO MILLAS - P Address SUITE 2 WESTON FL 33331 Name and Title: PATRICIA A. BRETHAUER R - P Address SUITE 2 WESTON FL 33331 Name and Title: PATRICIA A. BRETHAUER R - P Address SUITE 2 WESTON FL 33331 Name and Title: PATRICIA A. BRETHAUER R - P Name and Title: PATRICI		NCIPAL OFFICE Principal street address	Mailing add	dress, if different is:
CLE IV SHARES unber of shares of stock is: Name and Title: Address SUITE 2 WESTON FL 33331 Name and Title: Address SUITE 2 WESTON FL 33331 Name and Title:	S EXECUTIVE PARK DR		2665 EXECUTIVE PARK DR	
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Name a	ind Title:	Name and Title:	
Addres	33	Address:	
	REGISTERED AGENT		
The name and	Florida atreet address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	E&F LATIN GROUP LLC	_	, Pa
Address:	1820 N CORPORATE LAKES BLVD		בּרֹנ <u>ו</u>
	SUITE 109, WESTON, FL 33326	<u> </u>	2022 JUN 27
<u>ARTIÇLE VII</u>	INCORPORATOR		JUN 27 AM 8: 20 RE JARY OF STATE ZHASSEL FLORID
The name and	address of the Incorporator is:		Torring State
Name:	DIEGO FIGUEROA		· 20
Address:	1820 N CORPORATE LAKES BLVD	<u> </u>	<u>.</u> , <u> </u>
	SUITE 109, WESTON, FL 33326		
Effective date, i (If an effective filing.) Note: If the da	if other than the date of filing: date is listed, the date must be specific and cannot be inserted in this block does not meet the applicable effective date on the Department of State's records	ie statutory filing requirement	•
this certificate, i	omed as registered agent to accept service of proce I am familiar with and accept the appointment as t	ss for the above stated corpor egistered agent and agree to a	ration at the place designates at in this capacity
<u></u>			06/23/2022
. —	Required Signature/Registered Agent		Date
I submit this do document to the	ecument and affirm that the facts stated herein as Department of State constitutes a third degree felo	e true. I am aware that the fi ony as provided for in s.817.15	55, F.S.
سسس درا			06/23/2022
Rear	pired Signature/Incomporator		Date