

Division of Corporations

# P22000055497

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000236955 3))



H220002369553ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : FANJUL ENTERPRISES LLC  
Account Number : 120190000080  
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: \_\_\_\_\_

2022 JUL 12 AM 2:11  
FILED

## FLORIDA PROFIT/NON PROFIT CORPORATION ORL TALENT CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 JUL 12 PM 1:56  
COMMERCIAL SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

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: ORL TALENT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

820 NE 124TH ST
NORTH MIAMI, FL 33161

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: STEPHANIE SOLANGE JAIME LOPEZ-P

Name and Title:

Address: 820 NE 124TH ST
NORTH MIAMI, FL 33161

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

2023 JUL 12 AM 2:11

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: STEPHANIE SOLANGE JAIME LOPEZ  
 Address: 820 NE 124TH ST  
NORTH MIAMI, FL 33161

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: STEPHANIE SOLANGE JAIME LOPEZ  
 Address: 820 NE 124TH ST  
NORTH MIAMI, FL 33161

**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 *Goodes*  
 \_\_\_\_\_  
 Required Signature/Registered Agent

07/12/2022  
 \_\_\_\_\_  
 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 *Goodes*  
 \_\_\_\_\_  
 Required Signature/Incorporator

07/12/2022  
 \_\_\_\_\_  
 Date

2022 JUL 12 AM 2:11  
 FILED  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA