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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: Support@eflatin accounting

FLORIDA PROFIT/NON PROFIT CORPORATION **US JANA CORP**

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COVER LETTER

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

SUBJECT: US JAN	A CORP		
	(PROPOSED CORPORA	TE NAME – MUST INCLI	UDE SUFFIX)
Enclosed are an orig	inal and onc (1) copy of the ar	ticles of incorporation and	a check for:
S70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate o Status
FROM: E&	F LATIN GROUP LLC		
	Nam	e (Printed or typed)	
1820	N CORPORATE LAKES BLVD		
		Address	
WE	STON, FL 33326		
	City	, State & Zip	
954	384 8565		

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

DIEGO@EFLATINACCOUNTING.COM

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

ARTICLE I NAME The name of the corporati	on shall be: US JANA CORP		
ARTICLE II PRINCI		Mailing add	ross if different is:
1820 N CORPORATE L	Principal <u>street</u> address AKES BLVD	1820 N CORPORAT	ress, if different is: TE LAKES BLVD
SUITE 109		SUITE 109	
WESTON FL 33326		WESTON FL 33326	
ARTICLE III PURPO. The purpose for which th	SE e corporation is organized is: All Lawfull	Purposes	
			20
			2022 J
			LATE
			NASSEE ASSEE
	L OFFICERS AND/OR DIRECTORS	Name and Title:	STALE FLORIDA
Address	1820 N CORPORATE LAKES BLVD	Address:	
_	SUITE 109		
	WESTON FL 33326		
Name and Title:	ANA MARIA RESTREPO MEJIA - VP	Name and Title:	
Address	1820 N CORPORATE LAKES BLVD		
, , , , , , , , , , , , , , , , , , , ,	SUITE 109		
	WESTON FL 33326		
Nume and Title:	····	Name and Title:	
Address			
·			
		<u> </u>	

Nume ar	nd Title:	Name and Title:
Addres	<u> </u>	Address:
ARTICI E VI	REGISTERED AGENT	
	Torida 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	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	2022 JUL 13 AM 8: 03 TALLAHASSEE, FLORID,
The name and a	ddress of the Incorporator is:	
Name:	DIEGO FIGUEROA	ASSET
Address:	1820 N CORPORATE LAKES BLVD	_ F.F. 3
	SUITE 109, WESTON, FL 33326	e: 03
		Θr · · · · ·
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 90 days after the
the document's	effective date on the Department of State's records	ole statutory filing requirements, this date will not be listed as s. s. ess for the above stated corporation at the place designated to
	am familiar with and accept the appointment as i	
	Dlego Haneroa Required Signature/Registered Agent	07/12/2022
	Required Signature/Registered Agent	Date
document to the	Department of State constitutes a third degree feli	re true. I am aware that the false information submitted in lony as provided for in s.817.155, F.S.
	(Dleap Gigneroa)	07/12/2022
Requ	ired Signature/Incorporator	Date