

Division of Corporations

P22000061537

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

From:
Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
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: _____

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DIVISION OF STATE
TALLAHASSEE
FLORIDA

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
MAGDALENA ALIAGA CORP**

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

HL

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DIVISION OF STATE
TALLAHASSEE
FLORIDA

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: MAGDALENA ALIAGA CORP

ARTICLE II PRINCIPAL OFFICE

| | |
|---------------------------------|-----------------------------------|
| Principal <u>street</u> address | Mailing address, if different is: |
| <u>533 15TH ST APT 9</u> | _____ |
| <u>MIAMI BEACH, FL 33139</u> | _____ |
| _____ | _____ |

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
ANY AND ALL LAWFUL PURPOSES

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 SECRETARY OF STATE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|-----------------------|
| Name and Title: <u>MAGDALENA ALIAGA BRIZUELA-P</u> | Name and Title: _____ |
| Address: <u>533 15TH ST APT 9</u> | Address: _____ |
| <u>MIAMI BEACH, FL 33139</u> | _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

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: MAGDALENA ALIAGA BRIZUELA
 Address: 533 15TH ST APT 9
MIAMI BEACH, FL 33139

ARTICLE VII INCORPORATOR

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

Name: MAGDALENA ALIAGA BRIZUELA
 Address: 533 15TH ST APT 9
MIAMI BEACH, FL 33139


DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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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  _____ 07/12/2022
 Required Signature/Registered Agent 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  _____ 07/12/2022