

Division of Corporations

**P22000061537**

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 : 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: \_\_\_\_\_

2022 AUG -4 AM 10:28  
DIVISION OF STATE  
TALLAHASSEE  
FLORIDA

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

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

HL

2022 AUG -4 AM 10:15  
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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**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   
 \_\_\_\_\_  
 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   
 \_\_\_\_\_  
 07/12/2022