

8/23/22, 3:30 PM

Division of Corporations  
 Florida Department of State  
 Division of Corporations  
**P22000066304**  
 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.

(((H22000285467 3)))



H220002854673ABC3

**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 : 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: flopez@efkitinaccounting.com

2022/08/24 PM 1:56

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MAHEPA ASSETS CORP**

2022/08/24 PM 4:39

Filing Page

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help





August 24, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

E&F LATIN GROUP LLC

SUBJECT: MAHEPA ASSETS CORP  
REF: W22000109183

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana  
Regulatory Specialist II

FAX Aud. #: H22000285467  
Letter Number: 022A00018886

RECEIVED  
AUG 24 2022  
11:56

### COVER LETTER

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

**SUBJECT:** MAHEPA ASSETS CORP  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** E&F LATIN GROUP LLC  
Name (Printed or typed)  
1820 N CORPORATE LAKES BLVD SUITE 109  
Address  
WESTON, FL 33326  
City, State & Zip  
954 384 8565  
Daytime Telephone number  
DIEGO@EFLATINACCOUNTING.COM  
E-mail address: (to be used for future annual report notification)

954 384 8565

**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)

**ARTICLE I NAME**

The name of the corporation shall be: MAHEPA ASSETS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
66 WEST FLAGLER ST SUITE 900  
MIAMI, FL 33130

Mailing address, if different is:  
66 WEST FLAGLER ST SUITE 900  
MIAMI, FL 33130

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All Lawfull Purposes

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MAURICIO RAMIREZ - DIRECTOR

Address: 66 WEST FLAGLER ST SUITE 900

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

9699 3111 14 001 1:00 9699

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: E&F LATIN GROUP LLC

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

**ARTICLE VII INCORPORATOR**

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

Name: DIEGO FIGUEROA

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

08/23/2022 11:56

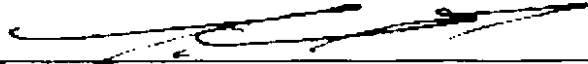
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/23/2022 (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*

	<u>08/23/2022</u>
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.*

<u>DIEGO FIGUEROA</u>	<u>08/23/2022</u>
Required Signature/Incorporator	Date