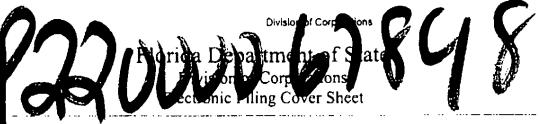
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To:

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

er the email address for this business entity to be used to annual report mailings. Enter only one email address please.** **Enter the email address for this business entity to be used for future

FLORIDA PROFIT/NON PROFIT CORPORATION **CA&CA ARDILES INVESTMENT CORP**

Certificate of Status	1
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T. SCOTT

SEP - 1 2022



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COVER LETTER

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

SUBJECT: CA&CA ARDILES INVESTMENT 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 ■ \$78.75** \$78.75 **□** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: F&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)

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 II PRIM	Principal street address	Mailing ac	ddress, if different is:
1820 N CORPORATI	E LAKES BLVD SUITE 109		
WESTON, FL 33326		<u>-</u>	
ARTICLE III PUR. The purpose for which	POSE the corporation is organized is: All Lawfull	Purposes	
			ZOZZ DIVIS
ARTICLE IV SHA	of stock is:		AUG 31 AM OF CORPORAL LAHASSEE, FLO
	IAL OFFICERS AND/OR DIRECTORS tle: CARLOS ARDILES ANICETO - P	Name and Title:	YIDEO RATIONS
Address	1820 N CORPORATE LAKES BLVD	Address:	
Auditss	SUITE 109		
	WESTON, FL 33326	<u> </u>	
Name and Tit	le:	Name and Title:	
Address		Address:	
		_	
		-	
Name and Tit	de:	Name and Title:	

Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT Torlda street address (P.O. Box NOT acceptable) o	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 a	ddress of the Incorporator is:	
Name:	DIEGO FIGUEROA	_
Address:	1820 N CORPORATE LAKES BLVD	
	SUITE 109, WESTON, FL 33326	_
Effective date, if	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and cann	(OPTIONAL) ot be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
	am familiar with and accept the appointment as re	es for the above stated corporation at the place designated in rgistered agent and agree to act in this capacity
	Required Signature Registered Agent	08/31/2022
	Reddired Signature Acgistered Agent	Date
	Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	Drego Liqueroa	08/31/2022
Requ	ired Signature/Incorporator	Date