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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 Email Address: suport @ eflatinaccounting. com

## FLORIDA PROFIT/NON PROFIT CORPORATION GA&CA ARDILES INVESTMENT CORP

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T. SCOTT

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## **COVER LETTER**

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

SUBJECT: GA&CA	ARDILES INVESTMENT CORP				
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and onc (1) copy of the ar	ticles of incorporation and	d a check for:		
□ \$70.00 Filing Fcc	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Certificate Status		
		ADDITIONAL CO	PY REQUIRED		
		e (Printed or typed)			
1820	) N CORPORATE LAKES BLVD	SUITE 109 Address			
WE.	STON, FL 33326	Addiess			
	City, State & Zip				
954	384 8565				
	Daytime Telephone number				
DIE	GO@EFLATINACCOUNTING.C				
	E-mail address: (to be use	ed 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)

TICLE II PRIN	I <u>CIPAL OFFICE</u>					
	Principal street address	Mai	iling address, if di	fferent is:		
U N CORPORATI	E LAKES BLVD SUITE 109					
STON, FL 33326						_
PURPOSE for which	POSE the corporation is organized is: All Lawfull	Purposes				_
					_	
<del></del>		<del></del> .				
						_
			- N N			
TICLE IV. SUA	nrc				- 2	
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number of shares of	of stock is: 1000  IAL OFFICERS AND/OR DIRECTORS	Name and Title:	And	AHU/G SHOHAU SIVIO SHOHAU SIVIO	<u>~</u>	
number of shares of	of stock is: 1000	Name and Title: Address:	ACCAPANSEE, FLOS	DIVISION OF CORPORAL	3	
TICLE V INIT  Name and Ti	of stock is: 1000  IAL OFFICERS AND/OR DIRECTORS  tle: CARLOS ARDILES ANICETO - P		MILLAPASSEE, FLORION	DIVISION OF CORPORATIONS	<u>~</u>	
TICLE V INIT  Name and Ti	of stock is: 1000  IAL OFFICERS AND/OR DIRECTORS  tle: CARLOS ARDILES ANICETO - P  1820 N CORPORATE LAKES BLVD		ALCAPASSEE, FLORIDA	0 0	3 - 3	
number of shares of TICLE V INIT  Name and Ti  Address	IAL OFFICERS AND/OR DIRECTORS  Ide: CARLOS ARDILES ANICETO - P  1820 N CORPORATE LAKES BLVD  SUITE 109  WESTON, FL 33326	Address:	ALLAMASSEE, FLOSIOA	0 0	3 - 3	
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Name s	and Title:	Name and Title:
Addre	ss	Address:
	<del> </del>	
	REGISTERED AGENT 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	<del>-</del>
<u>ARTIÇLE VII</u>	INCORPORATOR	
The <u>name and</u>	address of the Incorporator is:	
Name:	DIEGO FIGUEROA	_
Address:	1820 N CORPORATE LAKES BLVD	_
	SUITE 109, WESTON, FL 33326	<del>_</del>
Effective date,	if other than the date of filing:  date is listed, the date must be specific and cann	. (OPTIONAL) not be more than five days prior or 90 days after the
	te inserted in this block does not meet the applicable effective date on the Department of State's records	le statutory filing requirements, this date will not be listed as
this certificate,	I am familiar with and accept the appointment as r	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	Diego Figueron  Required Signature/Registered Agent	08/31/2022
	Required Signature/Registered Agent	Date
I submit this do document to the	ocument and affirm that the facts stated herein are e Department of State consiltutes a third degree felo	e true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
	wired Signature/Incorporator	08/31/2022
Req	uired Signature/incorporator	Date