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Florida Department of State
Division of Corporations
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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

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

Email Address: officeefflatingroup@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**
**ZEFFORA & CO CORP**

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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2022 SEP 23 PM 12:26

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# COVER LETTER

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

SUBJECT: ZEFFORA & CO 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)

**NOTE: Please provide the original and one copy of the articles.**

2022 SEP 23 AM 11:43

**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: ZEFFORA & CO CORP

***ARTICLE II PRINCIPAL OFFICE***

Principal street address
170 BONAVENTURE BLVD AP 305
AP 305
WESTON, FL 33326

Mailing address, if different is:
170 BONAVENTURE BLVD AP 305
AP 305
WESTON, FL 33326

***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: CARLOS A. GUTIERREZ - P
Address: 170 BONAVENTURE BLVD
APT 305
WESTON, FL 33326

Name and Title: ELSA F. VARGAS - VP
Address: 170 BONAVENTURE BLVD
APT 305
WESTON, FL 33326

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

NOTE: Please provide the original and one copy.

2022 SEP 23 AM 11:48

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

***ARTICLE VIII EFFECTIVE DATE:***

Effective date, if other than the date of filing: 09/23/2022 (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***

Diego Figueroa 09/23/2022

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.***

Diego Figueroa 09/23/2022

Title: Required Signature/Incorporator Name: Date

2022 SEP 23 AM 11