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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

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FLORIDA PROFIT/NON PROFIT CORPORATION **MOSCAL SERVICES CORP**

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COVER LETTER

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

SUBJECT: MOSCAL SERVICES 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: 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

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	NCIPAL OFFICE Principal street address	Mailing add	ress, if different is:
SW 174TH AVE		4455 SW 174TĤ AV	E
MAR, FL 330	29	MIRAMAR, FL 330	29
CLE III PUR	POSE h the corporation is organized is: All Lawfull	Purposes	
irpose for whic	n the corporation is organized is:		<u> </u>
		*** y ***** ******* ******************	
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CLE IV SH	IRES		
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Name ar	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT lorids 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	-
IRTICLE VII	INCORPORATOR	* · · · · · · · · · · · · · · · · · · ·
he name and a	ddress of the Incorporator is:	- :
Name:	DIEGO FIGUEROA	<u>-</u>
Address:	1820 N CORPORATE LAKES BLVD	
	SUITE 109, WESTON, FL 33326	- - - - -
Effective date, if If an effective of iling.) Note: If the date	·	of be more than five days prior or 90 days after the e statutory filing requirements, this date will not be listed as
	med as registered agent to accept service of proce am familiar with and accept the appointment as r	as for the above stated corporation at the place designated l egistered agent and agree to act in this capacity
		10/05/2022
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in in any as provided for in s.817.155, F.S.
		10/05/2022
USan	ared Signature/Incorporator	Date