

**P22000078276**

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC  
Account Number : I20190000080  
Phone : (305)603-8791  
Fax Number : (877)503-6086

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ANNELIESSE VIDAL CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 OCT 12 AM 8:13

Electronic Filing Menu

Corporate Filing Menu

Help

**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: ANNELIESSE VIDAL CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address455 NE 24TH ST PH 5MIAMI, FL 33137

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANNELIESSE INDACOCHEA VIDAL-P

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

Address 455 NE 24TH ST PH 5

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

MIAMI, FL 33137

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2022 OCT 12 AM 5:12

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: ANNELESSE INDACOCHEA VIDAL  
Address: 455 NE 24TH ST PH 5  
MIAMI, FL 33137

**ARTICLE VII INCORPORATOR**

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

Name: ANNELESSE INDACOCHEA VIDAL  
Address: 455 NE 24TH ST PH 5  
MIAMI, FL 33137

**ARTICLE VIII EFFECTIVE DATE:**

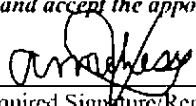
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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*

X

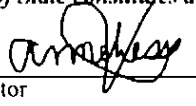
  
Required Signature/Registered Agent

10/11/2022

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.*

X

  
Required Signature/Incorporator

10/11/2022

Date