10/26/22, 7:47 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000366317 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 MEDIA SOLUTIONS ADVISORS CORP

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

Electronic Filing Menu Corporate Filing Menu

Help

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

TICLE II PRIN	CIPAL OFFICE			
IIGEEII FRIA	Principal street address	·	Mailing address; if different is:	
O TOWERSIDE TE	RRACE # 1707			
MI, FL 33138				

TICLE III PUR	POSE i the corporation is organized is:			
	WFUL PURPOSES			
			· -	
TICLE IV SHA				
TICLE IV SHA		-		
number of shares	of stock is: 1000	and the second second		
number of shares	of stock is: 1000	Name and Title		
TICLE V INT	of stock is: 1000 IAL OFFICERS AND/OR DIRECTORS tic: NANCI PEREZ GUERRERO-SEC		GUSTAVO GABRIEL FLORES-P	
number of shares	of stock is: 1000	Name and Title	GUSTAVO GABRIEL FLORES-P Doctor Pedro Ignacio Rivera 3916 2 Ciudad de Buenos Aires	
TICLE V INT	IAL OFFICERS AND/OR DIRECTORS TILE: NANCI PEREZ GUERRERO-SEC 4000 TOWERSIDE TERRACE # 1707		GUSTAVO GABRIEL FLORES-P Doctor Pedro Ignacio Rivera 3916 2 Ciudad de Buenos Aires Argentina	
TICLE V INT	IAL OFFICERS AND/OR DIRECTORS TILE: NANCI PEREZ GUERRERO-SEC 4000 TOWERSIDE TERRACE # 1707		GUSTAVO GABRIEL FLORES-P Doctor Pedro Ignacio Rivera 3916 2 Ciudad de Buenos Aires	
TICLE V INT	IAL OFFICERS AND/OR DIRECTORS tie: NANCI PEREZ GUERRERO-SEC 4000 TOWERSIDE TERRACE # 1707 MIAMI, FL 33138	Address:	Doctor Pedro Ignacio Rivera 3916 2 Ciudad de Buenos Aires Argentina	
TICLE V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS tile: NANCI PEREZ GUERRERO-SEC 4000 TOWERSIDE TERRACE # 1707 MIAMI, FL'33138	Address: Name and Title.	Doctor Pedro Ignacio Rivera 3916 2 Ciudad de Buenos Aires Argentina	
TICLE V INIT Name and Ti Address Name and Tit	of stock is: 1000 IAL OFFICERS AND/OR DIRECTORS tie: NANCI PEREZ GUERRERO-SEC 4000 TOWERSIDE TERRACE \$ 1707 MIAMI, FL'33138	Address: Name and Title.	Doctor Pedro Ignacio Rivera 3916 2 Ciudad de Buenos Aires Argentina	
TICLE V INIT Name and Ti Address Name and Tit	IAL OFFICERS AND/OR DIRECTORS Itle: NANCI PEREZ GUERRERO-SEC 4000 TOWERSIDE TERRACE # 1707 MIAMI, FL'33138	Address: Name and Title.	Doctor Pedro Ignacio Rivera 3916 2 Ciudad de Buenos Aires Argentina	
TICLE V INIT Name and Ti Address Name and Tit	of stock is: 1000 IAL OFFICERS AND/OR DIRECTORS tie: NANCI PEREZ GUERRERO-SEC 4000 TOWERSIDE TERRACE \$ 1707 MIAMI, FL'33138	Address: Name and Title.	Doctor Pedro Ignacio Rivera 3916 2 Ciudad de Buenos Aires Argentina	
Name and Tit Address Address	IAL OFFICERS AND/OR DIRECTORS Itle: NANCI PEREZ GUERRERO-SEC 4000 TOWERSIDE TERRACE # 1707 MIAMI, FL'33138	Address: Name and Title: Address:	GUSTAVO GABRIEL FLORES-P Doctor Pedro Ignacio Rivera 3916 2 Ciudad de Buenos Aires Argentina	
Name and Tit Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS Itle: NANCI PEREZ GUERRERO-SEC 4000 TOWERSIDE TERRACE # 1707 MIAMI, FL'33138	Address: Name and Title: Address: Name and Title: Name and Title:	Doctor Pedro Ignacio Rivera 3916 2 Ciudad de Buenos Aires Argentina	
Name and Tit Address Address	IAL OFFICERS AND/OR DIRECTORS Itle: NANCI PEREZ GUERRERO-SEC 4000 TOWERSIDE TERRACE # 1707 MIAMI, FL'33138	Address: Name and Title: Address: Name and Title: Name and Title:	GUSTAVO GABRIEL FLORES-P Doctor Pedro Ignacio Rivera 3916 2 Ciudad de Buenos Aires Argentina	

Fax: 18775036086

To:

Fax: (850) 617-6381

Page: 3 of 3

10/26/2022 8:06 AM

Name and Title:		Name and Title:		
Address		Address:		
	-			
ARTICI E VI	REGISTERED AGENT			
	prida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	NANCI PEREZ GUERRERO			
Address:	4000 TOWERSIDE TERRACE # 1707			
	MIAMI, FL 33138			
ARTICLE VII	INCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	NANCI PEREZ GUERRERO	_		
Address:	4000 TOWERSIDE TERRACE # 1707			
	MIAMI, FL 33138			
ARTICLE VIII_EFFECTIVE DATE:			\ 71 चिक्र १ क्र	
		(OPTIONAL)	~~	
(II an ellective d filing.)	ate is listed, the date must be specific and can	10t be more,than five days prior or 9		
Note: If the date	inserted in this block does not meet the applicab	le statutory filing requirements, this de	G: to will not be listed as:	
	Tective date on the Department of State's records			
			c.s	
Having been nam certificate, I am fi	ed as registered agent to accept service of process imiliar with and accept the appointment as regist	for the above stated corporation at the ered agent and agree to act in this cape	place designated in this acity	
X		10/	24/2022	
	Roquired Signature/Registered Agent		Date	
I subject this doc document to the L	ument and affirm that the facts stated herein ar Department of State constitutor a third degree felo	e true. I am aware that the false info ny as provided for in s.817.155, F.S.	rmation submitted in a	
X :		11	0/24/2022	
Required Signatu	re/Incorporator	Date		