

Division of Corporations

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : 120190000080
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
PATAGONIA SMANDES CORP

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

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D. O'KEEFE

DEC 29 2022

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PATAGONIA SMANDES CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address4000 TOWERSIDE TERRACE # 1707MIAMI, FL 33138

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: NANCI PEREZ GUERRERO-SECName and Title: Gabriela Andrea Contreras-PAddress: 4000 TOWERSIDE TERRACE # 1707Address: RINCON CLUB DE CAMPOMIAMI, FL 33138NEUQUEN CONFLUENCIA NEUQUENName and Title: José Antonio Asfoura-VP

Name and Title: _____

Address: RINCON CLUB DE CAMPO

Address: _____

NEUQUEN CONFLUENCIA NEUQUEN

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE FL (CRD)

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida 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 INCORPORATORThe name and address of the Incorporator is:

Name: Nanci Perez Guerrero

Address: 4000 TOWERSIDE TERRACE # 1707

MIAMI, FL 33138

ARTICLE VIII EFFECTIVE DATE:

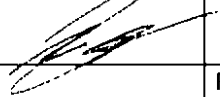
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

12/22/2022

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

12/22/2022

Date

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TALLAHASSEE, FLORIDA