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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.

FLORIDA PROFIT/NON PROFIT CORPORATION VALMIR INVESTMENTS CORP

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COVER LETTER

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

| SUBJECT: VALM | IR INVESTMENTS CORP | | |
|---------------------|-------------------------------------|---|------------------|
| 30D0ECT | (PROPOSED CORPORAT | IE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| Enclosed are an ori | ginal and one (1) copy of the artic | les of incorporation and | d a check for: |
| | | · | |
| \$70.00 | \$ 78.75 | □ \$78.75 | □ \$87.50 p3 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy | |
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| | | ADDITIONAL CO | Status (|
| | | ADDITIONAL CC | OF T REQUIRED |
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| | | | |
| en ove Fá | RF LATIN GROUP LLC | | |
| PROM: E | | (Printed or typed) | |
| | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 182 | 20 N CORPORATE LAKES BLVD ST | JITE 109 | |
| _ | A | ddress | |
| | | | |
| W | ESTON, FL 33326 | | |
| | City, S | State & Zip | |
| | | | |
| 95- | 1 384 8565 | | |
| | Daytime Te | lephone number | |
| יום | EGO@EFLATINACCOUNTING.COM | .1 | |
| | F-mail address: (in he used | | notification) |

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

ARTICLES OF INCORPORATION

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

| TICLE II PRINC | CIPAL OFFICE | | |
|--|--|--|--------------------------|
| | Principal street address | Mailing address | s, if different is: |
| 6 SW 158TH WAY | · · · · · · · · · · · · · · · · · · · | 1086 SW 158TH WAY | |
| MBROKE PINES F | L 33027 | PEMBROKE PINES FL 33027 | |
| | | | |
| TICLE III PURPO purpose for which t | OSE the corporation is organized is: All Law | full Purposes | |
| | | | |
| | | | |
| | | | ~; ;; |
| T.C. C. II | F.0 | | |
| | AL OFFICERS AND/OR DIRECTORS | N. LTVA | |
| number of shares of TICLE V INITIA Name and Title | AL OFFICERS AND/OR DIRECTORS CAROLINA GONZALEZ 1086 SW 158TH WAY | Name and Title: | |
| number of shares of | AL OFFICERS AND/OR DIRECTORS CAROLINA GONZALEZ 1086 SW 158TH WAY | Name and Title:Address: | |
| number of shares of TICLE V INITIA Name and Title Address | AL OFFICERS AND/OR DIRECTORS CAROLINA GONZALEZ 1086 SW 158TH WAY | Address: | (a) (b) (c) (c) |
| number of shares of TICLE V INITIA Name and Title Address | AL OFFICERS AND/OR DIRECTORS CAROLINA GONZALEZ 1086 SW 158TH WAY PEMBROKE PINES FL 33027 | Name and Title: | (a) (b) (c) (c) |
| Name and Title Name and Title | AL OFFICERS AND/OR DIRECTORS CAROLINA GONZALEZ 1086 SW 158TH WAY PEMBROKE PINES FL 33027 | Name and Title: | (.) (.) (.) (.) |
| Name and Title Address Address | AL OFFICERS AND/OR DIRECTORS CAROLINA GONZALEZ 1086 SW 158TH WAY PEMBROKE PINES FL 33027 | Address: Name and Title: Address: | (.) (.) (.) (.) |
| Name and Title Address Address | AL OFFICERS AND/OR DIRECTORS CAROLINA GONZALEZ 1086 SW 158TH WAY PEMBROKE PINES FL 33027 | Name and Title: Address: Name and Title: | (.) (.) (.) (.) |

| Name | and Title: | Name and Title: | <u>_</u> |
|--------------------|---|--|--------------|
| Addre | 255 | Address: | |
| | | | |
| | | | |
| | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) | of the registered weent is: | |
| Name: | E&F LATIN GROUP LLC | or the registered agent is. | |
| Address: | 1820 N CORPORATE LAKES BLVD | | |
| | SUITE 109, WESTON, FL 33326 | | |
| <u>ARTICLE VII</u> | INCORPORATOR | | |
| The name and | address of the Incorporator is: | | |
| Name: | DIEGO FIGUEROA | | |
| Address: | 1820 N CORPORATE LAKES BLVD | <i>ن</i> | |
| | SUITE 109, WESTON, FL 33326 | — ;; — | |
| Effective date, | I <u>EFFECTIVE DATE:</u> 01/10/2023 if other than the date of filing: e date is listed, the date must be specific and can | . (OPTIONAL) not be more thun five days prior or 90 days after | the |
| Note: If the de | ate inserted in this block does not meet the applicab s effective date on the Department of State's records | le statutory filing requirements, this date will not be | listed as |
| | amed as registered agent to accept service of proce I um fumiliar with and accept the appointment as r | ess for the above stated corporation at the place desi registered agent and agree to act in this capacity | ignated in |
| | These (tiguence) | 01/10/2023 | |
| | Required Signature/Registered Agent | Date | |
| | ocument and affirm that the facts stated herein are Department of State constitutes a third degree felo | re true. I am aware that the false information submony us provided for in s.817.155, F.S. | nitted in a |
| | 'Olego (Herreno | 01/10/2023 | |
| Req | uired Signature/Incorporator | Date | |