

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ACCOUNTING HEART LLC

Account Number : I20220000077 Phone : (954)673-6545

Fax Number : (954)827-3314

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 JUAN CHOCONAT USA, CORP

JUAN CHOCOTOTO	
Certificate of Status	0
Certified Copy	0
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Page Count	\$70.00
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

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UAN CHOCONAT USA, CORP	H23000048
ARTICLE II PRINCIPAL OF	FICE:
The principal street address and mailing	gaddress is:
3301 N UNIVERSITY DR. STE, 100	
CORAL SPRINGS FL 33065	
ARTICLE III SHARES: The number of s	hares of stock is: <u>100</u> .
ARTICLE IV INITIAL DIRECTORS A	ND/OR OFFICERS:
IVAN D. BETANCOUR TORO, PRESIDENT	
SARA BETANCOUR SANCHEZ, VICE PRESIDENT	
ARTICLE V INITIAL REGISTERED AGENT The name and Florida street address (PO Box not accept	AND STREET ADDRESS: otable) of the registered agent is:
ARTICLE V INITIAL REGISTERED AGENT The name and Florida street address (PO Box not accept MARIAM M. TORRES	AND STREET ADDRESS: otable) of the registered agent is:
ARTICLE V INITIAL REGISTERED AGENT The name and Florida street address (PO Box not accep MARIAM M. TORRES 3301 N UNIVERSITY DR. STE. 100	AND STREET ADDRESS: otable) of the registered agent is:
ARTICLE V INITIAL REGISTERED AGENT The name and Florida street address (PO Box not accep MARIAM M. TORRES 3301 N UNIVERSITY DR. STE. 100 CORAL SPRINGS FL 33065	Stanle) of the registerous spanning
ARTICLE V INITIAL REGISTERED AGENT The name and Florida street address (PO Box not accep MARIAM M. TORRES 3301 N UNIVERSITY DR. STE. 100	Stanle) of the registerous spanning
ARTICLE V INITIAL REGISTERED AGENT The name and Florida street address (PO Box not accep MARIAM M. TORRES 3301 N UNIVERSITY DR. STE. 100 CORAL SPRINGS FL 33065	ad address of the Incorporator is:

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Required Signatures:

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

Registered Agent 2. (o. 202.3 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.

Date Date

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