# 2300002

## 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 : 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

<b>EL INGENIO</b>	INTERNATI	IONAL	CORP

Certificate of Status	1
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### **COVER LETTER**

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

SUBJECT: EL I	NGENIO INTERNATIONAL CORP (PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation an	d a check for:
S70.00 Filling Fee		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee. Certified Copy & Certificate of Status  PPY REQUIRED
FROM:	E&F LATIN GROUP LLC		
	Nan	ne (Printed or typed)	
	1820 N CORPORATE LAKES BLVD	SUITE 109	
-		Address	
,	WESTON, FL 33326		237 SEC: TALL
-	City 954 384 8565	r, State & Zip	FILZ3 MAR 30 SECRETARY ALL AHASSI
· · · · · · · · · · · · · · · · · · ·		Telephone number	— जिल्ला क

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

E-mail address: (to be used for future annual report notification)

DIEGO@EFLATINACCOUNTING.COM

#### ARTICLES OF INCORPORATION

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

ICLE I NAM same of the corpo		TIONAL CORP	
<u>ICLE II PRIS</u> MISTY OAKS D	SCIPAL OFFICE Principal <u>street</u> address R	528 MIS	Mailing address, if different is: FY OAKS DR
IPANO BEACH,	ACH, FL 33069 POMPANO BEACH, FL 33069		NO BEACH, FL 33069
ICLE III PUR.	P <u>OSE</u> a the corporation is organized is: All Law	full Purposes	
			100000
	of stock is: 1000  IAL OFFICERS AND/OR DIRECTORS		MARTHA LEON DE AGUIRRE -D
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number of shares	of stock is: 1000 IAL OFFICERS AND/OR DIRECTORS tle: LUIS AGUIRRE - D		·
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Name and Tit	IAL OFFICERS AND/OR DIRECTORS  Ide: LUIS AGUIRRE - D  528 MISTY OAKS DR  POMPANO BEACH, FL 33069	Name and Title Address:  Name and Title	528 MISTY OAKS DR  POMPANO BEACH, FL 33069
Name and Tit Address  Address	IAL OFFICERS AND/OR DIRECTORS  Ide: LUIS AGUIRRE - D  528 MISTY OAKS DR  POMPANO BEACH, FL 33069	Name and Title Address:  Name and Title Address:	POMPANO BEACH, FL 33069  23 HAR 30 FL  23 HAR 30 PR  24 PR  25 PR  26 PR  27 PR  28 PR

Name at	nd Title:	Name and Title:
Addres	<u> </u>	Address:
		<del></del>
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	E&F LATIN GROUP LLC	_
Address:	1820 N CORPORATE LAKES BLVD	_
	SUITE 109, WESTON, FL 33326	_
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	DIEGO FIGUEROA	<del></del>
Address;	1820 N CORPORATE LAKES BLVD	
	SUITE 109, WESTON, FL 33326	<del></del>
Effective date, it	EFFECTIVE DATE: 03/30/2023  fother than the date of filing: 03/30/2023  date is listed, the date must be specific and cannot	. (OPTIONAL) not be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicable offective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as r	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
	Required Signature/Registered Agent	Carpato
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
Requ	ured Signature/Tacorporator	03/30/2023 Date