Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION ERNESTO INVESTMENT CORP

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ERNESTO INVESTMENT COM
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 94455004057 A 100 Min Ali Fl 33164
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ERNESTO CEDRES DUARTE (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Ernesto Cedres Duarte
The name and Florida street address (PO Box not acceptable) of the registered agent is: Ernesto Cedres Duarte
The name and Florida street address (PO Box not acceptable) of the registered agent is:
The name and Florida street address (PO Box not acceptable) of the registered agent is: Ernesto (edres Duarte 9445 Sw 40 St #101 Miami F1 33164
The name and Florida street address (PO Box not acceptable) of the registered agent is: Ernesto (edres Duarte 9445 Sw 40 St #101 Miami fl 33164 ARTICLEVI INCORPORATOR: The name and address of the Inc: porator is:
The name and Florida street address (PO Box not acceptable) of the registered agent is: Ernesto (edres Duarte 9445 Sw 40 St #101 Miami F1 33164 ARTICLEVI INCORPORATOR: The name and address of the Incorporator is:

EIN: 93 - 3257735

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 Eate

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 S ate constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator E ate

2023 SEP -6 AM 8: 3
SECRITATION SEPTEMBER
TALLAMASSEF FAI