

Division of Corporations

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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: _____

RECEIVED
2023 SEP 11 PM 1:00
CORPORATIONS
SOCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
SANDIO APPLIANCES REPAIRS CORP

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

2023 SEP 11 AM 9:15
CORPORATIONS

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

ARTICLE I NAME

The name of the corporation shall be: SANDIO APPLIANCES REPAIRS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address: 14517 SW 23RD TER, MIAMI, FL 33175
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: WILLIAM ALBERTO NARANJO PEREZ-P
Address: 14517 SW 23RD TER, MIAMI, FL 33175

Name and Title:
Address:

Name and Title:
Address:

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: WILLIAM ALBERTO NARANJO PEREZ
 Address: 14517 SW 23RD TER
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

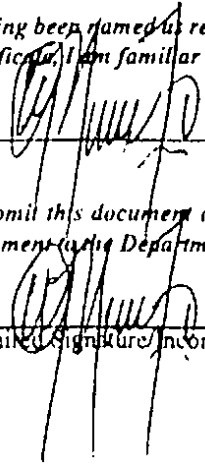
Name: WILLIAM ALBERTO NARANJO PEREZ
 Address: 14517 SW 23RD TER
MIAMI, FL 33175

ARTICLE VIII EFFECTIVE DATE:

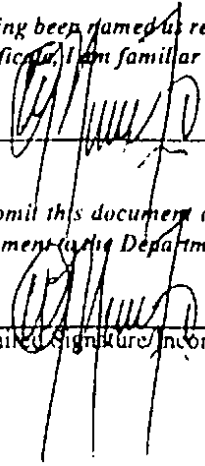
Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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  _____ 09/08/2023
 Required Signature/Registered Agent 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  _____ 09/08/2023
 Required Signature/Incorporator Date