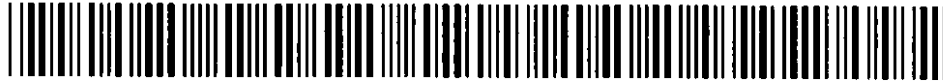


P2300070786

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

S. CHATHAM
OCT - 3 2023

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LISET SALAZAR PA

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

RECEIVED
2023 OCT -2 PM 12:23
CORPORATION
REGISTRY

2023 OCT -2 AM 8:26

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: LISET SALAZAR PA

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

14500 SW 22ND ST

MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE PROFESSIONAL

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LISET SALAZAR-P

Name and Title:

Address 14500 SW 22ND ST

Address:

MIAMI, FL 33175

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2023 OCT -2 AM 8:26

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: LISET SALAZAR _____

Address: 14500 SW 22ND ST _____

MIAMI, FL 33175 _____

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LISET SALAZAR _____

Address: 14500 SW 22ND ST _____

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



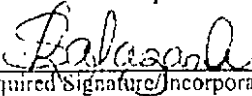
Required Signature/Registered Agent

09/29/2023

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



Required Signature/Incorporator

09/29/2023

Date

2023 OCT -2 PM 8:26