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.

(((H23000383348 3)))



H230003833483ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

-3 PH 4: 15

Division of Corporations

Fax Number : (850)617-6381

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)302-4976

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

Email Address: Support@eflatinaccounting.com

FLORIDA PROFIT/NON PROFIT CORPORATION PICARAUS CONSULTING CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

COVER LETTER

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

SUBJECT: PICARA	US CONSULTING CORP	TO NAME AND THEFT	the ellerity	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	DUE SUFFIX	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
\$70.00 Filing Fcc	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: E&	F LATIN GROUP LLC	e (Printed or typed)		
1820	N CORPORATE LAKES BLVD			
		Address		
WE	WESTON, FL 33326 City, State & Zip			
954	384 8565			
	Daytime	Telephone number		
DIE	GO@EFLATINACCOUNTING.C			
••••	E-mail address: (to be use	ed for future annual report	notification)	

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

ARTICLES OF INCORPORATION

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

CLE II PR	<u>INCIPAL OFFICE</u>		
COLLINS AV	Principal <u>street</u> address E	Ma 5600 COLLI	ling address, if different is: NS AVE
7C		APT 7C	
MI BEACH, F	L 33140	MIAMI BEA	CH, FL 33140
CLE III PU	RPOSE ch the corporation is organized is: All La	awfull Purposes	
		<u>.</u>	
			30
	· · · · ·		<u> </u>
CLE IV SH.	ARES 1000		SSTIM
CLE IV SH.	ARES s of stock is: 1000		Se AUN 23.
umber of share	s of stock is:		; PH
umber of shares	s of stock is: 1000 TIAL OFFICERS AND/OR DIRECTOR		PH 1:
CLE V INI Name and 1	TIAL OFFICERS AND/OR DIRECTOR Title: ROBERTO GRECO - P	Name and Title:	PH 1:20
umber of shares	TIAL OFFICERS AND/OR DIRECTOR Title: ROBERTO GRECO - P		PH 1:
CLE V INI Name and 1	TIAL OFFICERS AND/OR DIRECTOR Title: ROBERTO GRECO - P 5600 COLLINS AVE	Name and Title:	PH 1:20
CLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: ROBERTO GRECO - P 5600 COLLINS AVE APT 7C MIAMI BEACH, FL 33140	Name and Title:	PH 1:20
omber of shares CLE V INI Name and 1	TIAL OFFICERS AND/OR DIRECTOR Title: ROBERTO GRECO - P 5600 COLLINS AVE APT 7C MIAMI BEACH, FL 33140	Name and Title:	PH 1:20
CLE V INI Name and I Address	TIAL OFFICERS AND/OR DIRECTOR Title: ROBERTO GRECO - P 5600 COLLINS AVE APT 7C MIAMI BEACH, FL 33140	Name and Title: Address: Name and Title:	PH 1:20
CLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: ROBERTO GRECO - P 5600 COLLINS AVE APT 7C MIAMI BEACH, FL 33140	Name and Title: Address: Name and Title:	PH 1:20
CLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: ROBERTO GRECO - P 5600 COLLINS AVE APT 7C MIAMI BEACH, FL 33140	Name and Title: Address:Name and Title: Address:	PH 1:20
Mame and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: ROBERTO GRECO - P 5600 COLLINS AVE APT 7C MIAMI BEACH, FL 33140	Name and Title: Address: Name and Title: Address:	PH 1:20

. . . .

Name a	nd Title:	Name and Title:
Addres	ss	Address:
	REGISTERED AGENT	
	Torida street address (P.O. Box NOT acceptable) E&F LATIN GROUP LLC	of the registered agent is:
Name:	1820 N CORPORATE LAKES BLVD	
Address:	SUITE 109, WESTON, FL 33326	_
ADTICI E 171	INCORDOR (TOR	_
	INCORPORATOR address of the Incorporator is:	
Name:	E&F LATIN GROUP LLC	
Address:	1820 N CORPORATE LAKES BLVD	_
Address:	SUITE 109, WESTON, FL 33326	_
		_
Effective date, if (If an effective of filing.)	_	not be more than five days prior or 90 days after the
the document's	e inserted in this block does not meet the applicable effective date on the Department of State's records	le statutory filing requirements, this date will not be listed as s.
Having been nat this certificate, I	med as registered agent to accept service of proce am familiar with and accept the appointment as r	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	Required Signature/Registered Agent	11/03/2023
	Required Signature/Registered Agent	Date
	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 tony as provided for in 2.817.155, F.S.
	Diego riqueroa	11/03/2023 Date