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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)302-4976

••Enter the email address for this business entity to be used for futur€ annual report mailings. Enter only one email address please. **

Email Address: Office a cf

FLORIDA PROFIT/NON PROFIT CORPORATION KLTA CORP

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JAN 11 2014

COVER LETTER

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

SUBJECT: KLTA	CORP		
30B0EC1	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
		e (Printed or typed)	
100	20 N CORPORATE LAKES BLVD	Address	
wi	ESTON, FL 33326		
	City	, State & Zip	_
95-	384 8565		
_	Daytime 3	Telephone number	
DIE	ego@eflatinaccounting.co	DM	
	E-mail address: (to be use	d for future annual report i	notification)

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

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F24(PJAH) 10 PH 4: 1)7

ARTICLE I NAME The name of the corpora	tion shall be:	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ARTICLE II PRINC	CIPAL OFFICE	-E. MASSEE, FLORIDA	
1820 N CORPORATE	Principal street address	Mailing address, if different is: 1820 N CORPORATE LAKES BLVD	
SUITE 109		SUITE 109	
WESTON, FL 33326		WESTON, FL 33326	
ARTICLE (II PURPO The purpose for which t	DSE he corporation is organized is: All Lawful	ll Purposes	
	•		
	stock is:	Name and Title:	
	1820 N CORPORATE LAKES BLVD		
Address	SUITE 109	Address:	
	WESTON, FL 33326		
Name and Title:		Name and Title:	
Address			
		Address:	
		Address:	
Name and Title:			•
Name and Title:		Name and Title:	
		Name and Title: Address:	

Name a:	nd Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT	
The name and I	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	<u></u>
	SUITE 109, WESTON, FL 33326	
ABTICLETOL	ANCORDOR (TOD	
AKTICLE VII	<u>_INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	DIEGO FIGUEROA	_
Address:	1820 N CORPORATE LAKES BLVD	
	SUITE 109, WESTON, FL 33326	
ARTICLE VIII	EFFECTIVE DATE: 01/08/2024	
Effective date, it	fother than the date of filing:	. (OPTIONAL) not be more than five days prior or 90 days after the
filing.)		101 00 mote (mail mo 02) 5 prior (mo 02) 5 and (me
Note: If the dat	e inserted in this block does not most the applicable	le statutory filing requirements, this date will not be listed a
	effective date on the Department of State's records	
	med as registered agent to accept service of proce am familiar with and accept the appointment as r	iss for the above stated corporation at the place designated existence agent and agree to act in this capacity
		
	Barried Classical Action	01/08/2024
	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 to my as provided for in s.817.155, F.S.
		01/08/2024
Requ	ired Signature/Incorporator	Date