11/20/24, 2:47 PM

Division of Corporations



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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)385-5175

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

MAOSVAL CORP

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COVER LETTER

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

SUBJECT: MAOSVAL CORP

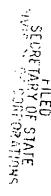
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
		ADDITIONAL CO	

í	E&F LATIN GROUP LLC	
	Name (Printed or typed)	
	1820 N CORPORATE LAKES BLVD SUITE 109	
-	Address	
	WESTON, FL 33326	
-	City, State & Zip	
	954 384 8565	
-	Daytime Telephone number	

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

24 NOV 21 PM 9: 58



Page: 4 of 5

ARTICLES OF INCORPORATION

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

e name of the corpor			
	CIPAL OFFICE Principal street address	Mailing address, if different	t is:
ESTON, FL 33327		WESTON, FL 33327	
RTICLE III PURP ne purpose for which	OSE the corporation is organized is: All Lawfull I	Purposes	
ne number of shares o	f stock is: 1000 AL OFFICERS AND/OR DIRECTORS	Name and Title:	
ne number of shares o	AL OFFICERS AND/OR DIRECTORS ic: MARCO A. OTTATI - DIRECTOR	Name and Title: Address:	
RTICLE V INITE Name and Title	AL OFFICERS AND/OR DIRECTORS ic: MARCO A. OTTATI - DIRECTOR		
ne number of shares o RTICLE V INITE Name and Tite Address	AL OFFICERS AND/OR DIRECTORS ic: MARCO A. OTTATI - DIRECTOR 703 BALD CYPRESS RD		
he number of shares o RTICLE V INITE Name and Titi Address	AL OFFICERS AND/OR DIRECTORS 1c: MARCO A. OTTATI - DIRECTOR 703 BALD CYPRESS RD WESTON, FL 33327 VALENTINA MENDOZA - DIRECTOR	Address:	
Name and Titie Address Name and Titie	AL OFFICERS AND/OR DIRECTORS 1c: MARCO A. OTTATI - DIRECTOR 703 BALD CYPRESS RD WESTON, FL 33327 VALENTINA MENDOZA - DIRECTOR	Address: Name and Title:	
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS 1e: MARCO A. OTTATI - DIRECTOR 703 BALD CYPRESS RD WESTON, FL 33327 VALENTINA MENDOZA - DIRECTOR 703 BALD CYPRESS RD	Address: Name and Title: Address:	

Name and Title:		Name and Title:	
Address		Address:	
		_	
	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) E&F LATIN GROUP LLC	of the registered agent is:	
Address:	1820 N CORPORATE LAKES BLVD	_	
	SUITE 109, WESTON, FL 33326	•	
<u>ARTIÇLE VII</u>	INCORPORATOR	24 NOV 21	
The name and ac	dress of the Incorporator is:	22	
Name:	E&F LATIN GROUP LLC	- P	
Address:	1820 N CORPORATE LAKES BLVD		
	SUITE 109, WESTON, FL 33326	OV 21 PM 9: 58	
Effective date, if (If an effective d filing.) Note: If the date	·	. (OPTIONAL) not be more than five days prior or 90 days after the e statutory filing requirements, this date will not be listed as	
this certificate, I	ned as registered agent to accept service of proce am familiar with and accept the appointment as re i ego Pli Julion Required Signature/Registered Agent	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity 11 20 2024 Date	
document to the	ument and affirm that the facts stated herein ar Department of State constitutes a third degree feld Diego Figuero	e true. I am aware that the fulse information submitted in a any as provided for in s.817.155, F.S.	
Requi	red Signature/Incorporator		