

Division of Corporations
P12000029738

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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
JHABAD GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

12 MAR 27 PM 12:45

ARTICLE I NAME JHABAD GROUP, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
8009 NW 36 AVE
DORAL, FL 33166

Mailing address, if different is:
8009 NW 36 AVE
DORAL, FL 33166

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
BANK & FINANCIAL SERVICES

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Santiago Esparza (CEO/President) Name and Title: _____
Address: 8009 NW 36 AVE Address: _____
DORAL, FL 33166

Name and Title: Robinson Jr. Aguado (Vice President) Name and Title: _____
Address: 8009 NW 36 AVE Address: _____
DORAL, FL 33166

Name and Title: Robinson Aguado (Mangar Director) Name and Title: _____
Address: 8009 NW 36 AVE Address: _____
DORAL, FL 33166

ARTICLE VI REGISTERED AGENT

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

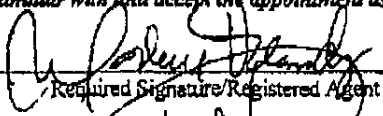
Name: Marlene Fernandez
Address: 2415 NW 97th Ave
Doral, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

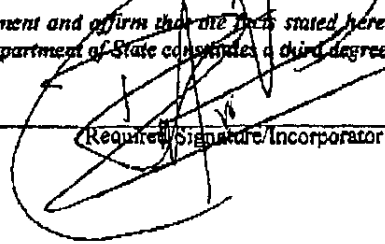
Name: Robinson Aguado
Address: 8009 NW 36 AVE
DORAL, FL 33166

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


Required Signature/Registered Agent

03/26/2012
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.


Required Signature/Incorporator

03/26/2012
Date

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