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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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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
J.P. CONSULTING INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

MD 12/4

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

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ARTICLE I NAME: The name of the corporation is:

J.P. Consulting INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11839 S.W. 99th St. Miami, FL 33186

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Oswaldo Q. Jean Paulo Albert Bosch
(President)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

OSVALDO Q. JEAN PAULO ALBERT BOSCH
11839 SW 99th ST.
MIAMI FL 33186

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

OSVALDO Q. JEAN PAULO ALBERT BOSCH
11839 SW 99th ST.
MIAMI FL 33186

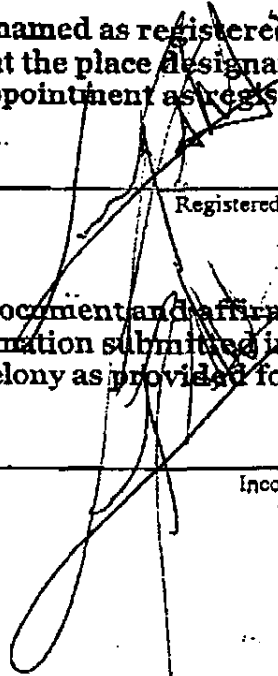
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Required Signatures:

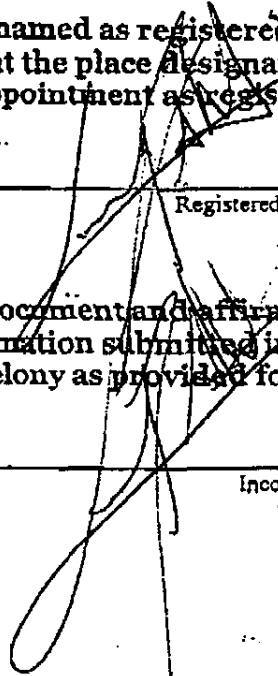
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 _____ 12/03/2015

 Registered Agent 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.



 _____ 12/03/2015

 Incorporator Date

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