Division of Corporations Electronic Filing Cover Sheet

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To:	Division of G	9 05
	Division of Corporations	現 O
	Fax Number : (850)617-6381	S2 = 1
From:	•	
	Account Name : ACCOUNTING PERFECT ACCOUNT Number : I20140000109 Phone : (786)316-5772 Fax Number : (786)549-5991	et solutions corp (1)

\*\*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 JEBW SERVICES CORP

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Electronic Filing Menu

Corporate Filing Menu DEC 1:2 2013 Help

## **COVER LETTER**

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

S CORP		
TE NAME - MUST INCL	UDE SUFFIX)	
icles of incorporation and	a check for:	
S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
TST Buite		>
33/66 State & Zip 33-9725 Icphone number	Short All Art	711.EC 19 DEC 11 AH 5: 04
	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO  ADDITIONAL CO  TO PAPPA  (Printed or typed)  TO ST Suite  ddress  33/66 State & Zip  33-972-5 Icphone number	icles of incorporation and a check for:    \$78.75

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

## 17863121878

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

	poration shall be: JEBW SER	VICES CE	<del></del>		
	RINCIPAL OFFICE		ailing address, if NW 4,	f different is:    ST   3166	SUITE
CLE III PU urpose for wh	ful business organized is:	prate pui	pose is	s Any	and
				···-	
mber of shares  "LE V INI"  Name and T	TIAL OFFICERS AND/OR DIRECTORS inter GEORGE LOATER PARES		O PRE:	SIDEN	07
mber of shares  LE V INI	TIAL OFFICERS AND/OR DIRECTORS inter GEORGE LOATER PARES	FIGUERED Name and Title: Address:	O PDE:	510EN	)7
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS inter GEORGE LOATER PARES	Address:  Name and Title:		SIDEN TO DEC	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name: GEORGE WATER PA	TERA FIGUEREDO
Address: 10758 NW 88A	0 <i>E</i>
Address: 10758 NW 88A HIALEAH GAR	DEN A 330/8
ARTICLE VII INCORPORATOR	SEE!
The name and address of the Incorporator is:	
Name: GEDRLE WALTER	2 PARRA FIGUEREDO 5
Address: 10758 0W	88 AVE
HIALEAH GAR	2 PARRA FIGUEREDO 55 88 AVE DED, FL 33018
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 12/16 (If an effective date is listed, the date must be specificiling.)	0/2019 (OPTIONAL) c and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the document's effective date on the Department of State	re applicable statutory filing requirements, this date will not be listed as te's records.
Having been named as registered agent to accept service certificate, am familiar with and accept the appointment	of process for the above stated corporation at the place designated in this nt as registered agent and agree to act in this capacity
* Was	12/10/19
Required Signature/Registered	i Agent Date
I submit in Selocument and affirm that the facts stated document to the Department of State constitutes a third of	herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S.
H XX	1 / -
Require Signature/Incorporator	Date 12/10/19.