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(Requ	estor's Name)			
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(City/S	State/Zip/Phone	e #)		
PICK-UP		MAIL		
(Busin	ess Entity Nar	ne)		
(Docu	ment Number)			
Certified Copies Certificates of Status				
Special Instructions to Fili	ng Officer:			
Cuo W15-	73487	7		

Office Use Only



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2016 JAN - 7 PM 5: 41

K.S.NLY EXAMINER JAN 11



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2015

SUAREZ, ORTIZ & VEGA, CPA'S, PL ALEX ORTIZ, CPA 354 SEVILLA AVE CORAL GABLES, FL 33134

SUBJECT: JOLINV I INC Ref. Number: W15000073487

We have received your document for JOLINV I INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 015A00023559

COVER LETTER

TO: Registration Section Division of Corporations	
JOLINV I INC SUBJECT:	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m ALEX ORTIZ, CPA	atter to the following:
Name	of Person
SUAREZ, ORTIZ & VEGA, CPA'S, PL	
Firm/o	Company
354 SEVILLA AVE	
A	ddress
CORAL GABLES, FL 33134	
City/Sta	te and Zip code
ALEX@SOVCPAS.COM	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	ise call:
ALEX ORTIZ 305	448-5255
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

JOLINV I,INC.				
(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,"	
(If name unavails	able in Florida, enter alternate corporate na	me ad	opted for the purpose of transacting business	in Florida)
DELAWARE 2.		3	-5418887	
	y under the law of which it is incorporated)	5.	(FEI number, if applicable)	
	(Date of incorporation)		(Date of duration, if other than perpetual)	
5.				
5800 S. LE JEUN 7	NE RD CORAL GABLES, FL 33146		2, F.S., to determine penalty liability) office address)	
*	(Current m	ailing	address, if different)	2016 JAN
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	- TAR
Name:	ALEX ORTIZ, CPA			नि उ
Office Address:	354 SEVILLA AVE			S. A.
	CORAL GABLES		, Florida	DATE -
	(City)		(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED 11. Names and business addresses of officers and/or directors: 2016 JAN -7 PM 5:4 A. DIRECTORS Chairman: Address: Vice Chairman: _____ Address: Director: _ Address: _____ Director: Address: **B. OFFICERS** JOSE KATZ President: 5800 S. LE JEUNE RD, CORAL GABLES, FL 33146 Address: Vice President: Address: ___ Secretary: ___ Treasurer: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. JOSE KATZ 13.

(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JOLINV I, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2015.





5800913 8300 SR# 20151511183 Authentication: 10679737

Date: 12-23-15