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 Florida Department of State
 Division of Corporations
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 TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
 JT CENTER, CORP.**

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

AL

RECEIVED
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 CORPORATION
 COMMERCIAL
 SERVICES

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: JT Center, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

6498 Coral Way.
Miami, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide services to the underprivileged community, to significantly improve all members of the community.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Voting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joel C. Armas - P
Address: 116331 NW 84 Ct.
Miami Lakes, FL 33016

Name and Title: Teresa B. Alfonso-VP
Address: 116331 NW 84 Ct.
Miami Lakes, FL 33016

Name and Title: Yenny Soca - S
Address: 17810 NW 79 PL
Miami, FL 33015

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Teresa B. Alfonso - VP

Address: 16331 NW 84 Ct.
Miami Lakes, FL 33016

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Teresa B. Alfonso, - VP

Address: 16331 NW 84 Ct.
Miami Lakes, FL 33016

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 of Registered Agent

06/15/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

06/15/2022
Date