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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORATE	NAME - MUST INCLUD	E SUFFIX)
Enclosed is an origin	nal and one(1) copy of the artic	les of incorporation and	a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	图\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
		FROM: Sales Printed or typed)	<u>7. </u>
	Belle Glade City (408) 42:	Address , Florida 33430 , State & Zip	<u>o</u>

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Johan

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1500 South Main Street

Belle Glade, Florida 33430

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tax Purposes.

ARTICLE IV

The number of shares of stock is: 1000

INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

REGISTERED AGENT

The name and Florida street address of the registered agent is:

Celso Migrel Castro

1571 Stone Road Apartment # 5A

Tallahassee Florida 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Celso M. Castro

P.O. Box 247

Belle Glade, Florida 33436

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

Signature/Registered Agent

Signature/Incorporator