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TRANSMITTAL LETTER

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

SUBJECT:		ociates I	nc,	
· · · · · · · · · · · · · · · · · · ·	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u>	IDE SUFFIX)	
		, , ;		
Enclosed are an orig	inal 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	Filing Fee, Certified Copy & Certificate of Status PV REQUIRED	
FROM:	Laura Marie	Tarro.		
6420 S.w. 129 PL Apt 211				
	Miami Fity,	-L 33 \& 3 . State & Zip		
305 - 385 - 1148 Daytime Telephone number				

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:		: } :
Jarro & Associates	Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
6H2O S.W. 129 PL. Ap. Micarni, FL 33183. ARTICLE III PURPOSE The purpose for which the corporation is organized in	{ }	
) }	
ARTICLE IV SHARES The number of shares of stock is:	- La	-
100	· }	
ARTICLE V INITIAL OFFICERS AND/OI List name(s), address(es) and specific title(s):	R DIRECTORS	
Laura Marie Jarro.	1	O3 SEC
6420 S.W. 129 PL 140	211	
Miami, FC 33183.		FIL DEC-I RETARY AHASSE
ARTICLE VI REGISTERED AGENT	{	
The name and Florida street address of the registere	ed agent is:	ORA :
Laure Herrie Jamo		A =
ARTICLE VII INCORPORATOR	311	
The <u>name and address</u> of the Incorporator is:		
Laure Heurie Jamo	3 11	
6420 S.W. 129 PC 1Apt: Hami, FC 33183.		
**************************************	r	**************************************
certificate, I am familiar with and accept the appointment as reg	istered agent and agree to act in this capa	ictly
Signature/Registered Agent	No) 28 2003 Date
Laura M Jarre	1 Mar	1 128,200
Signature/Incorporator)	}	Date