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\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

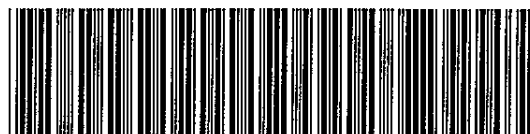
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03 DEC 18 PM 2:14

## **TRANSMITTAL LETTER**

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

**SUBJECT: \_\_\_\_\_ J. MEDINA INC**  
**(Proposed corporate name - must include suffix)**

**Enclosed is an original and one (1) copy of the articles of incorporation and a check for :**

**\$73.00 Filing Fee or \$78.75 Filing Fee & Certificate**

**FROM: \_ Jairo W. Medina**  
**Name (Printed or typed)**  
**Address 19290 NW 24 P1**  
**City, State & Zip\_\_Pembroke Pines, FL 33024**

**Daytime Telephone number 954 260 7107**

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

# ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be: **J. MEDINA INC**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Jairo W. Medina  
19290 NW 24 P1  
Pembroke Pines, Fl. 33024**

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**100 shares**

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Jairo W. Medina  
19290 NW 24 P1  
Pembroke Pines, Fl. 33024**

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ARTICLE V INCORPORATOR(S)

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

**Jairo W. Medina**  
**19290 NW 24 P1**  
**Pembroke Pines, Fl. 33024**

**Daytime Telephone number** The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

**Daytime Telephone number** 954 250 7107

**12/13/03**

Jairo W. Medina

Signature

Jairo W. Medina

Signature

Jairo W. Medina

Signature

Jairo W. Medina

Signature

Articles of Incorporation

Filing Fee - \$35

# **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 609.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA**

- 1. The name of the corporation is: J. MEDINA INC**
- 2. The name and address of the registered agent and office is:**

**Jairo W. Medina  
19290 NW 24 P1  
Pembroke Pines, Fl. 33024**

**P.O. Box not acceptable)**

**Having been named as registered agent and accept service of process for the above stated corporation at the place designated in this cetificate, 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 relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.**

*Jairo W. Medina*  
**(Signature)**

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FI**

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