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(Re	equestor's Name)
(Ad	ldress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number}
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Office
	/ 191, 1



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SECRETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT: J.A.F.S	., ING.	•	
	(PROPOSED CORPOR	atename=mustring	ODESUFFIX)
Enclosed are an original	ginal and one (1) copy of the ar	ticles of incorporation and	a check for
	(1) 002/3 01 100 01		d one was ton.
□ \$70.00	\$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
5.	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
	ADDITIONAL COPY R		PY REQUIRED
FROM JU	LIO AUGUSTO ROCA		
TROM.		(Printed or typed)	
	9229 SW 114TH STREET		
,		Address	
	***** ***		
	MIAMI, FLORIDA 33176	State 9. Tim	
	City	r, State & Zip	
	305-775-7965		
	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:

J.A.F.S., INC.

PRINCIPAL OFFICE

The principal place of business/mailing address is:

9229 SW 114TH STREET, MIAMI, FLORIDA 33176



The purpose for which the corporation is organized is:

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of \$1 par value

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Julio Augusto Roca

9229 SW 114TH STREET, MIAMI, FLORIDA 33176

President

Flor Susana Roca

9229 SW 114TH STREET, MIAMI, FLORIDA 33176

Vice-President

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Lucia E. Waller 11736 SW 110th Terrace

Miami, Florida 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Julio Augusto Roca 9229 SW 114TH Street Miami, Florida 33176

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/Incorporator