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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**J & A Connection Inc.**

**SUBJECT:** \_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee  
Certified Copy  
& Certificate of Status

**ADDITIONAL COPY REQUIRED**

**Alexis Sobrino**

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

**4550 NW 9 Street #901**

Address

**Miami, Florida. 33126**

City, State & Zip

**(305) 461-1905**

Daytime Telephone number

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DEPT. OF STATE

**NOTE: Please provide the original and one copy of the article**

# 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 Connection Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*4550 NW 9 Street #901 Miami, Florida. 33126*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To Conduct any and all lawful Business*

## ARTICLE IV SHARES

The number of shares of stock is:

*1000*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Alexis Sobrino (manager)*

*4550 NW 9 Street #901 Miami, Florida. 33126*

## ARTICLE VI REGISTERED AGENT

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

*Alexis Sobrino*

*4550 NW 9 Street #901 Miami, Florida. 33126*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Alexis Sobrino*

*4550 NW 9 Street #901 Miami, Florida. 33126*

\*\*\*\*\*

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]*

Signature/Registered Agent

*[Signature]*

Signature/Incorporator

*03/19/2005*

Date

*03/19/2005*

Date

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TALLAHASSEE, FLORIDA

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