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| (Re | equestor's Name) | |
|---|-------------------|-------------|
| (Ad | ldress) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special instructions to Filing Officer: | | |
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Office Use Only



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TRANSMITTAL LETTER

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

| SUBJECT: | JACB Wholesa | ke Ine. | |
|--|--|--|--|
| - , , , , , , , , , , , , , , , , , , , | (PROPOSED CORPORA? | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the artic | cles 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 | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| | , | | |
| FROM: | Mario J. Bl | a vid 60 Printed or typed) | |
| - | 12330 SW | 35 54 ddress | |
| - | Miami, FL 3 | 33175 State & Zip | |
| - | (305) 510 Daytime Te | 7-1054 | |

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: | |
| INCR Whalanda Inc | |
| JACB Wholesale Inc. 70 3 17 | |
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: JACB Whole Sole Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | |
| 12230 SW 35 St | |
| Miami, FL 33175 | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| and selling powers wholesaler, distributor, retailer, buyi | V) (|
| ARTICLE IV SHARES The number of shares of stock is: 1,000 shares | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): | |
| Yamila Blandon Provident | |
| Mario Blandon Vice-President | |
| 12230 SW 35 5+ | |
| Miomi, 72 33 175 | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: | |
| Mario J. Blandon 12230 SW 35 St Miami, FC 33175. | |
| | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Mario J. Blandon | |
| 12230 SW 35 St | |
| Miami, FL 33175 | |
| | |
| *************************************** | |
| Having been named as registered afent to\accept service of process for the above stated corporation at the place designated in this certificate, I am familiag yith and accept the appointment as registered agent and agree to act in this capacity | |
| 3/3/105 | |
| Signature Registered Agent Date | |
| Signathing Registered Agent 3 31 05 Date 3 31 05 | |
| Signature Lacorporator Date | |