

PO7000019145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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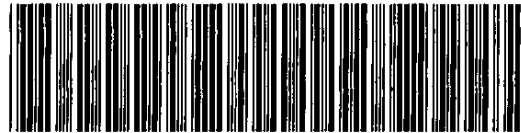
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Jiménez Accounting Services, Inc.  
(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**

FROM: Termin J. Jiménez  
Name (Printed or typed)

2240 Dewey St.  
Address

Hollywood, Florida 33020  
City, State & Zip

905-502-6342  
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:

*Timéner Allow fung Services, INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

*2440 Dewey St. Hollywood, FL 33020*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Allow fung Services for profit*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*Fermin Domingo Jimenez, President*  
*Chanel Jimenez, Vice President*

**ARTICLE VI REGISTERED AGENT**

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

*Fermin Domingo Jimenez 2440 Dewey St. Hollywood, FL 33020*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Fermin Domingo Jimenez 2440 Dewey St. Hollywood, FL 33020*

\*\*\*\*\*  
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/Registered Agent

\_\_\_\_\_  
Signature/Incorporator

*2/1/07*  
\_\_\_\_\_  
Date

*2/1/07*  
\_\_\_\_\_  
Date

FILED  
07 FEB -9 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA