# P08000098663

(Requ	estor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ing Officer:
	Office Use Only
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SECRETARY OF STATE



# **COVER LETTER**

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

OBJECT: SOUND	NTERPRISE CORP (PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
nclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	
FROM: JU	AN CARLOS BARRERA	e (Printed or typed)	
	8880 N.W. 20th STREET SUIT	E M Address	
	DORAL,FL 33172	y, State & Zip	
	305-752-7647 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:

JCLM ENTERPRISE CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 8880 N.W. 20th STREET SUITE M DORAL,FL 33172

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WHOLE SALE TRADING

#### ARTICLE IV SHARES

The number of shares of stock is:

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JUAN CARLOS BARREA 6334 S.W. 165th AVENUE MIAMI,FL 33193 PRESIDENT- LUZ MARINA OSPINA 6334 S.W. V.P.

165th AVENUE MIAMI,FL 33193

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: ALVEIRO VALENCIA 3728 KENSINGTON STREET HOLLYWOOD,FL 33021

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: JUAN CARLOS BARRERA 6334 S.W. 165th AVENUE MIAMI,FL 33193

*********	********
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered ages	ne above stated corporation at the place designated in this nt and agree to act in this capacity
We	11/03/08
Signature/Registered Agent	Date
Ma Cull Kis	11/03/08
Signature/Incorporator	Date

2000 NOV -4 PM 4: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA