

Division of Corporations Public Access System

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

JK CLEANERS CORP

Certificate of Status

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1 03

Estimated Charge

\$78.75

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Corporate Filing Menu

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Sep. 29 2009 04:36PM P2

FAX NO. :3052201440

FROM : LAZARUS

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ARTICLES OF INCORPORATION

2009 SEP 29 PM 2: SECRETARY OF STA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

JK Cleaners Corp

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

PRINCIPAL: 12370 SW QUAIL ROAST Dr. MIA, FL 33177

Mailing', 3201 Grand Owe Coconut grove

FL 33133

<u> ARTICLE III – SHAREŞ</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Karen P. Mendiola 3201 grand ave. Coconut grove FL 33133

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Karen P. MENDIOLA 3201 grand are. Coconut grove EL 33133

The undersigned incorporator has executed these Articles of Incorporation this

29 day of Sep 20 09.

Koven Mendiple

Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

70% Karen P. MeNDIOLA - President 30% Jorge L. SAIAZAR - Vice-president

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of

statutes related to the proper and complete performance of my duties, and I am familiar with and

accept the obligations of my position as Registered Agent.

Registered Agent Signature

TARY OF STATE ASSEE: FLORIDA

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