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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Jrsyr & Associatesot (PROPOSED CORPORA)	Floeida, Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u> DE SUFFIX)
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Sophia Rosa Name	(Printed or typed)
2464 Ben	t TREE Rd. #2624 Address
	rbor, FL 34683 State & Zip
813 - 41 Daytime T	51-9190 Telephone number
E-mail address: (to be use	DOL - CO M d for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2011

SOPHIA ROSADO 2664 BENT TREE RD #2624 PALM HARBOR, FL 34683

SUBJECT: JRSVR & ASSOCIATES OF FLORIDA, INC.

Ref. Number: W11000049564

We have received your document for JRSVR & ASSOCIATES OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 311A00022133

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PR	INCIPAL OFFICE	17¢AS50C4(
ARTICLE III PUI		r, FL 34683		ailing address, if diff	
The number of shares o	•	ND/OR DIRECTORS		V-+	RESIDENT
Name and Title:_Address:	JOSE H. 7 ZYLVY BENT	Rosado	Name and Title:_ Address: 33	Sophia 1 8464 Be #2624 PALMI	(OSODO NT TREE Rd. HArbor, FL 34
Name and Title:_ Address: _ -			Name and Title:_ Address: 		
Name and Title:_ Address:			Name and Title:_ Address: 		
he <u>namé and Florida</u> Name: Address:	2464 BENT #2624 PALLEHAK	DX NOT acceptable) of the SADO TREE ED BOK, 192 3468	ne registered agent	is:	
he <u>name and address</u> Name: Address:	Sof the Incorporator is: Sophia Rule Ben Halay Paim Harb	CIKEE KA.			a along designed in
		cept service of process for the appointment as registed (Registered Agent			
	nt and affirm that the f	acts stated herein are tress a third degree felony a			nation submitted in a