P12000072254

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



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SEGRETARY OF STATE
ANASSET, FRORIDA

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COVER LETTER

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

SUBJECT: Jofre Engineering Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Cesar Jofre Name	(Printed or typed)	
334 NE 102 Street.		
	Address	
Miami, FL. 33138 City,	State & Zip	
786-382-1695 Daytime To	elephone number	
cjofre@bellsouth.net E-mail address: (to be used	I for future annual report	t notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2012

CESAR JOFRE 334 NE 102 STREET MIAMI, FL 33138

SUBJECT: JOFRE ENGINEERING INC.

Ref. Number: W12000041648

We have received your document for JOFRE ENGINEERING INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 912A00020633

ARTICLES OF INCORPORATION

	In compliance with Chapter 607 ar	nd/or Chapter 621, F.S. (Profit)		
ARTICLE I	NAME		, if different isc	
The name of the co		•		
The name of the oc	portation share oc.		10 0 0 0 C	
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing address	, if different isc	
	334 NE 102 Street	<u></u>		
	Miami, FL,		- G. G.	
3	3138			
ARTICLE III	DIFPDOSE		7	
	hich the corporation is organized is:			
	ngineering design and inspection se	rvices for the construction	industry.	
, , ,			•	
ARTICLE IV				
The number of sha	res of stock is:100 shares			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS		
	itle:Claudio A. Jofre P.E. Vicepreside			
Address:	334 NE 102 Street			
	Miami - FL 33138			
Name and T	itle:Cesar Jofre Projects Director	Name and Title:		
Address:	334 NE 102 Street		 	
	Miami - FL. 33138			
Nome and T	itle:	Name and Title:		
Address:		Address:		
Audicas.				
				
ARTICLE VI	<u>REGISTERED AGENT</u>			
The name and Flo	orida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Cesar Jofre			
Address:	.334 NE 102nd Street	<u> </u>		
	Miami -FL 33138			
ADTICI E IIII	INCORPORATOR			
Name:	dress of the Incorporator is: CESOR JOFRE			
Address:	334 NE LOZNO STR	ce T		
7 (44) 050.	334 NE 102 ND STR	•		
Having been nam	ed as registered agent to accept service of proce	ess for the above stated corporation	n at the place designated in	
this certificate, I a	m familiar with and accept the appointment as re	egistered agent and agree to act in t	this capacity	
	$\sim 1 \nu_{\odot}$	_		
	lesse.	8	3-4-2012	
	Required Signature/Registered Agent		3-4-2012 Date	
o				
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a				
document to the D	epartment of State constitutes a third degree felo		3.	
	~ 1 km.		0 1- 0	
	Required Stenature/Incorporator		8-17-2012	
	Required Signiture/Incorporator		Date	
	0'			