

P12000081018

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
JADER'S REEPACK INC.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

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September 24, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE

SUBJECT: JADER'S REEPACK INC.  
REF: W12000048903

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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

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Pamela Smith  
Regulatory Specialist II

FAX Aud. #: H12000232531  
Letter Number: 112A00023772

P.O. BOX 6327 - Tallahassee, Florida 32314

H1100000001

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

**ARTICLE I NAME** JADER'S REEPACK INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
900 NW 22 STREET 33127  
MIAMI, FL 33122

Mailing address, if different is:  
900 NW 22 STREET 33127  
MIAMI, FL 33122

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 100 SHARES 1.00 PER VALUE

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

Name and Title: JADER GOMEZ PRESIDENT AND TREASURER	Name and Title: _____
Address: 900 NW 22 STREET	Address: _____
MIAMI FL 33127	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: JADER GOMEZ  
Address: 900 NW 22 STREET  
MIAMI FL 33127

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:  
Name: Jader Gomez  
Address: 900 NW 22 STREET  
MIAMI FL 33127

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

Jader Gomez  
Required Signature/Registered Agent

9/19/2012  
Date

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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jader Gomez  
Required Signature/Incorporator

9/19/2012  
Date

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