

Dec. 14, 2009 3:22PM

NO. 082 P. 1

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : I20120000083
Phone : (305) 593-0829
Fax Number : (305) 593-8744

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

Email Address: DLEVY@LEVY-GROUP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
JM77 INVERSIONES & SOLUCIONES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME JM77 INVERSIONES & SOLUCIONES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
5615 NW 112 PATH
DORAL, FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE MARCOS BECERRA RAMIREZ, PRESIDENT	Name and Title: _____
Address: 5615 NW 112 PATH	Address: _____
DORAL, FL 33178	_____

Name and Title: MARIA VIRGINIA ESCOBAR, VP	Name and Title: _____
Address: 5615 NW 112 PATH	Address: _____
DORAL, FL 33178	_____

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: THE LEVY GROUP, CORP.
Address: 1867 NW 97 AVENUE, SUITE 102
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE MARCOS BECERRA RAMIREZ
Address: 5615 NW 112 PATH
DORAL, FL 33178

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

Required Signature/Registered Agent

DECEMBER 14, 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.

Required Signature/Incorporator

DECEMBER 14, 2012

Date

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ALLIANCE FLORIDA