## P13000039590

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

Office Use Only



900246904079

05/01/13--01003--028 \*\*78.75

TILED

13 MAY -1 AMII: 46

SECRETARY OF STATE

MD 5/2

## **COVER LETTER**

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

SUBJECT: jarre	edmiami, inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM: A	rturo Paz	e (Printed or typed)	
68	30 NE 77 St.		
M	iami, Fl. 33138	Address	
(3	City, 10)804-8971	State & Zip	
ar	turo.paz@mac.c	elephone number  COM  ed for future annual report	notification)

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

ARTICLES OF INCORPORATION

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

The name of the corpora	<u>ne</u> tion shall be: jarredmiami, i	nc.	
	<b>NCIPAL OFFICE</b> Principal <u>street</u> address		ddress, if different is:
3301 NE 1s	<del>-</del>	Walling a	
Apt. L 307			60 == 1 01 == 1
Miami, Fl. 3	3137		FS E
ARTICLE III PUR	POSE he corporation is organized is:	ake nackade a	nd distribute the
	he corporation is organized is: 10 E of granola products f		
·	ny other type of mer	· · · · · · · · · · · · · · · · · · ·	<del> </del>
11011103 01 41	Ty out of their	stariaising odde	t available.
		*	
The number of shares of	stock is: 1000		
	rial officers and/or direct Arturo Paz, Preside	•	
	680 NE 77 St.		
Address	Miami, Fl. 33138	Address:	
	171141711, 1 11. 00 100		
Name and Title		Name and Title:	
Address		Address:	
		<u> </u>	
Name and Title			
		Name and Title:	
Address			
Address		Address:	

Name and	Title:	Name and Title:	
Address		Address:	SECRETARY OF
			MII: 46
ARTICLE VI	REGISTERED AGENT		D STATE FLORID
The name and Flo	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Vanessa Paz		Þ
Address:	3301 NE 1st. Ave., L307		
	Miami, Fl. 33137		
ARTICLE VII The name and add	INCORPORATOR  Iress of the Incorporator is:		
Name:	Arturo Paz		
Address:	680 NE 77 St.		
	Miami, Fl. 33138		
	ed as registered agent to accept service of process m familiar with and accept the appointment as regi		
<del></del>	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein are t		
document to the D	epartment of State constitutes a third degree felony	v as provided for in s.817.155,	F.S.
	X MAAAA		04/27/2013
	Required Signature/Incorporator		Date