

P13000095335

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
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2nd Request

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
JLUX GROUP P.A.**

Certificate of Status	0
Certified Copy	1
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11/22/2013 11:28 AM FAX 1100 Fax Server
W13000095335



November 22, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: JLUX GROUP P.A.
REF: W13000064760

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

Please either list the Corporation name, or the individual to serve as Registered Agent, not both.

Please return 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.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H13000255963
Letter Number: 513A00027032

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

ARTICLE I NAME
The name of the corporation shall be: JLUX GROUP P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 170 E Boca Raton Road
Ste 1
Boca Raton, FL 33432

Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Real Estate Consulting.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Juvan Pierre/President</u>	Name and Title:	_____
Address	<u>170 E Boca Raton Road Ste 1</u> <u>Boca Raton, FL 33432</u>	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

(cont.)

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: Luis G. Brito
Address: 407 Lincoln Rd Ste 9A
Miami Beach, Fl 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juvan Pierre
Address: 170 E Boca Raton Road Ste 1
Boca Raton, Fl 33432

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

11/13/2013
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

11/13/2013
Date