Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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10:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JOSE PEREZ

Account Number : I20130000083

Phone : (305)436-0093

Fax Number : (305)436-0094

**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 **INVERSIONES JOFIEL 27 CA CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

12/26/2013

DECEMBER 26, 2013

Florida Department of State

Attention: New Fillings Section

To whom it may concern:

This is to advise you that the owners of <u>INVERSIONES</u> JOFIEL 27 CA CORPORT Of Doc# PLZ000040649 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for you help in this matter.

Very sincerely

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From:3054360094

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COVER LETTER

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

Tallahassee, FL 323	314		
SUBJECT: INV	ERSIONES JOF		
	(PROPOSED CORPOR	ate name – <u>must incl</u>	UDE SUFFIX)
Enclosed are an orig	rinal and onc (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fcc & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	SONIA BOTERO	e (Printed or typed)	·
73	325 NW 36TH S		
		Address	
M	IAMI		
-	City	, State & Zip	

(305) 4360093

master@jpgbusiness.com

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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

	UCIDAI OPPICE			
	VCIPAL OFFICE Principal <u>street</u> address	Ma	ling address, if different is:	
0617 NW 54	TH ST ,	10617	W 54TH ST	
ORAL, FL 3	3178	DORAL	DORAL, FL 33178	
·	₹\$	<u> </u>		
TICLE III PURI	POSE ne corporation is organized is: ANY	AND ALL LAY	WFUL BUSINESS	
,				
,		· · · · · · · · · · · · · · · · · · ·		
<u> </u>				
 -				
TICLE IV SHA number of shares of s	RES 1000		DEC 26	
number of shares of s TICLE V INIT Name and Title: Address	RES 1000 IAL OFFICERS AND/OR DIRECT JONATHAN A 12002/50 10617 NW 54TH ST DORAL FL 33178		DEC 26 PM \$ 27	
TICLE V INIT Name and Title: Address Name and Title:	IAL OFFICERS AND/OR DIRECT JONATHAN A 12002154U 10617 NW 54TH ST DORAL FL 33178 DUFAY C PASTRAM	EZ (P)		
Name and Title: Address Name and Title: Address	TAL OFFICERS AND/OR DIRECT JONATHAN A 120021'61 10617 NW 54TH ST DORAL FL 33178	EZ (P)		
number of shares of s TICLE V INIT Name and Title: Address Name and Title: Address	IAL OFFICERS AND/OR DIRECT JONATHAN A PODRIGU 10617 NW 54TH ST DORAL FL 33178 DUFAY C PASTRAM 10617 NW 54TH ST	EZ (P)		
Name and Title: Name and Title: Address	IAL OFFICERS AND/OR DIRECT JONATHAN A PODRIGU 10617 NW 54TH ST DORAL FL 33178 DUFAY C PASTRAM 10617 NW 54TH ST	EZ (P)	PH 9/27	
number of shares of s TICLE V INIT Name and Title: Address Name and Title: Address	IAL OFFICERS AND/OR DIRECT JONATHAN A PODRIGU 10617 NW 54TH ST DORAL FL 33178 DUFAY C PASTRAM 10617 NW 54TH ST	EZ (P)	PH 9/27	
Name and Title: Address Name and Title: Address	IAL OFFICERS AND/OR DIRECT JONATHAN A PODRIGU 10617 NW 54TH ST DORAL FL 33178 DUFAY C PASTRAM 10617 NW 54TH ST	EZ (P)	PH 9/27	

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From:3054360094

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Name an	d Title:	Name and Title:	
Address	·	Address:	
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NO	O'F acceptable) of the registered agent is:	
Name:		sines Sowtions	22 坐
Address:	7325 NW 36TH S		
	MIAMI FL 33166	11 30 5	DEC 21
ARTICLE VII	INCORPORATOR		RY OF A
The name and a	ddress of the Incorporator is:		
Name:	JONATHAN A.	KODEIGUEZ	27
Address:	10617 NW 54Th	1 ST	
	DORAL, FL 331	78	
Having been nor this certificate, I	am familiar with and accept the ap	ervice of process for the above stated corpo pointment as registered agent and agree to t	ration at the pluce designated in act in this capacity
	Required Signature/Regis	stered Agent	/ Date
I submit this doc document to the	sument and uffirm that the facts s. Department of Stule constitutes a ti	tated herein are true. I am aware that the j hird degree felony as provided for in s.817.1.	55, F.S.
	Required Signature/Inc	опживают	12/26/13 Date
	\ J ' \	*	,