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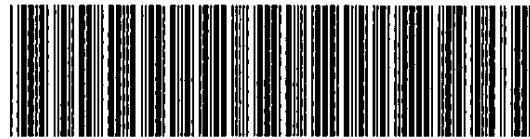
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COVER LETTER

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

SUBJECT: **J & S TRADING CORP.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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: **JUAN C. GIRALDO**

Name (Printed or typed)

600 NW 141st AVE. #108

Address

PEMBROKE PINES, FL 33028

City, State & Zip

954-444-0328

Daytime Telephone number

juangrld@hotmail.com

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

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

COVER LETTER

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

SUBJECT: J & S TRADING OF FLORIDA CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

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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)

ARTICLE I NAME J & S TRADING OF FLORIDA CORP.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

600 NW 141st AVE. #108
PEMBROKE PINES, FL 33028

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: IMPORT AND EXPORT SERVICES TO
AND FROM UNITED STATES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN C. GIRALDO PRES

Address: 600 NW 141st AVE. #108
PEMBROKE PINES, FL
33028

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

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: JUAN C. GIRALDO
Address: 600 NW 141st AVE. #108
PEMBROKE PINES, FL 330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN C. GIRALDO
Address: 600 NW 141st AVE. #108
PEMBROKE PINES, FL 3

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
4/21/2014
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
4/21/2014
Date

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