

P14000037807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

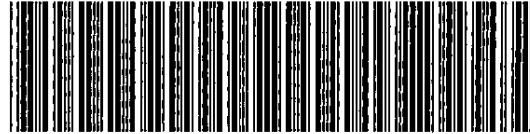
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/14--01023--022 **78.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: JJAZ INC

(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: JJAZ INC

Name (Printed or typed)

1015 NW 23rd St

Address

Miami, FL 33127

City, State & Zip

631 524 7852

Daytime Telephone number

jjazinc@gmail.com

E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: JJAZ INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1015 NW 23rd St
Miami, FL 33127

Mailing address, if different is:

PO BOX 192272
Miami Beach, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transportation

ARTICLE IV SHARES 3

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Morales

Address: Po Box 192272
Miami Beach, FL 33139

Name and Title: Allan Zamorno

Address: PO Box 192272
Miami Beach, FL 33139

Name and Title: Julian Zamorano

Address: PO Box 192272
Miami Beach, FL 33139

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: Allan Zamorano
Address: 1015 NW 23rd st
Miami FI 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose Morales
Address: Po Box 192272
Miami Beach, FL 33139

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

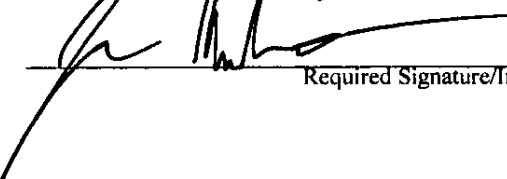


Required Signature/Registered Agent

4/24/14

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

4/24/14

Date

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